California's

Comprehensive Plan Update for HIV/AIDS Care and Treatment Services

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California HIV Planning Group

Mr. Lorenzo Taylor
HIV/AIDS Bureau
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5600 Fishers Lane, Room 7A-55
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Dear Mr. Taylor:

LETTER OF CONCURRENCE

This letter is written to demonstrate our concurrence with California's Comprehensive Plan Update for HIV/AIDS Care and Treatment (Comprehensive Plan), which has been developed by the California Department of Health Services, Office of AIDS (OA).

California's statewide planning group for HIV care and prevention, the California HIV Planning Group (CHPG), has been involved in support of the development of the Statewide Coordinated Statement of Need and related Comprehensive Plan. These documents clearly illustrate the enormity of the impact of the HIV/AIDS epidemic in California, outline the related care and treatment needs of persons living with HIV in California, and offer OA's short- and long-term goals for addressing these issues.

As Co-Chairs of the statewide CHPG, we are signing this Letter of Concurrence to show our support of submittal of this Comprehensive Plan.

Sincerely,

Signed by Liz Voelkert on behalf of:

Frank Strona
Co-Chair
California HIV Planning Group

Jamila Shipp
Co-Chair
California HIV Planning Group

Contributors

California's Comprehensive Plan Update for HIV/AIDS Care and Treatment Services and the related 2006 Statewide Coordinated Statement of Need were developed with input and thoughtful guidance from a number of participants representing clinics, public health departments, Ryan White Comprehensive AIDS Resources Emergency Act grantees, persons living with HIV/AIDS, community-based organizations, affordable housing organizations, local and statewide planning groups, academic institutions, and other service agencies and providers that directly, or indirectly, help meet the myriad of care, treatment, and prevention needs of persons with HIV/AIDS in California.

Introduction

The California Department of Health Services, Office of AIDS (CDHS/OA) is the lead state agency in California for coordination of care, treatment, and prevention strategies addressing the HIV/AIDS epidemic. As the State Grantee for funding provided through Title II of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act (RWCA), OA, through the HIV Care Branch and AIDS Drug Assistance Program (ADAP) Section, is responsible for all OA-funded care and treatment programs and services, and for overseeing administration of the Title II grant and development of California's Comprehensive Plan Update for HIV/AIDS Care and Treatment Services (Comprehensive Plan).

The Comprehensive Plan, based upon the needs outlined in California's 2006 Statewide Coordinated Statement of Need (SCSN), provides an update of the issues created by a changing epidemic and the unmet health care needs of those not currently in care. The Comprehensive Plan will outline strategies and approaches to accomplish the following Health Resources and Services Administration (HRSA) expectations:

- Ensure the availability and excellence of critical HIV-related core services statewide;
- Eliminate disparities in access to services and related support services among disproportionately affected subpopulations and historically underserved communities;
- Develop strategies for identifying individuals who know their HIV status but are not in care, informing them about available treatment and services, and assisting them in accessing those services; and
- Address the primary care, treatment, and prevention needs of those who know their HIV status and are not in care, as well as the needs of those currently in the HIV/AIDS care system.

Executive Summary

The Comprehensive Plan identifies multiple issues and challenges confronting the delivery of HIV-related services in California. The Comprehensive Plan was developed in conjunction with the 2006 California SCSN using shared knowledge and experiences, a review of available data, and in-depth discussions of policy and service delivery issues that emerged through the comprehensive planning process. This document presents a framework for the continued development and improvement of California's comprehensive service delivery model over the course of several years. Recommended strategies seek to build upon the existing spectrum of HIV care and treatment. The Comprehensive Plan is intended to be a living document, continually monitored to ensure effective implementation and modified as needed to reflect emerging issues, budgetary constraints, and trends.

SECTION I: CALIFORNIA'S CURRENT SYSTEM OF CARE AND TREATMENT

The network of HIV/AIDS care and treatment services in California is strong, forged through community action and compassion that remains a unique model for responding to life-threatening illness. At its best, the system supports people with HIV throughout their lives, providing a tailored, coordinated range of services to meet the full spectrum of needs generated as a result of their disease progression and other life changes.

The existing HIV care system is flexible, responding to rapid changes in scientific knowledge and treatment of the disease, as well as psychosocial and societal factors that influence the availability and accessibility of essential care, treatment, and prevention services. The funding provided by RWCA is critical to California's ability to provide services that are adaptable and responsive to the changing demographics of those infected with HIV and to the many types of settings in which services are provided.

California's Response to the HIV/AIDS Epidemic

As described in the 2006 SCSN, California has the world's sixth largest economy and is home to 12 percent of the population of the United States. It is the third largest state by geographic area, and the largest by population. It is a diverse state, encompassing major cities, extensive suburban stretches, rural frontier counties, beautiful natural environments; and an agricultural industry that feeds much of the nation. Some of the poorest and some of the wealthiest Americans live in California, as well as a large transient population, including tourists, migrant workers, and the homeless. California's cultural diversity is unmatched by any other state; the 2000 Census determined that people of color were the majority of the population. California is home to two of the first epicenters of the AIDS epidemic and 15 percent of all people living with HIV/AIDS in the United States. HIV in California affects every strata of society, and every corner of the state.

California is unique in that the state is home to 9 of the country's total 51 RWCA Title I jurisdictions. Coordination among OA's Title II-funded programs and the numerous Title I jurisdictions has proven to be a critical component of the overall statewide plan for delivery of HIV/AIDS services. California's SCSNs have described how the size and diversity of the state of California, as well as cross-jurisdictional coordination, presents unique and daunting challenges to planners of HIV care, treatment, and prevention services. More recent assessments of statewide need have found that California has become even more populated, diverse, and culturally rich. In addition, as described in our previous SCSNs, HIV/AIDS programs in California still must be designed to serve exceptionally varied groups and communities with specifically targeted programs, while reaching both large populations in urban and suburban areas and far-flung populations in rural and frontier communities.

Programs must also appropriately serve communities and groups that have widely differing needs but, at the same time, link and integrate these services in a wide variety of public and private sector provider settings. The high level of poverty in which many

HIV-infected Californians live, combined with the widespread lack of health insurance, further complicates the effort to deliver effective, comprehensive services. The California economy has weakened in the last few years, leaving cities, counties, and towns with fewer resources. The state has also suffered large budget deficits, reducing its ability to increase, or even maintain existing services, for people living with HIV/AIDS (PLWH/A).

California has successfully met and overcome many of these challenges by creating a series of comprehensive care systems that meet many of the basic health and psychosocial needs of PLWH/A in our state. Community-based organizations and local health departments form the backbone of the service delivery system. California has made significant progress in ensuring that access to basic medical services and antiretroviral drug therapies are available to all Californians who need and request them, and that basic medical services are linked to a network of supportive services that help meet the physical, emotional, prevention, and practical needs of PLWH/A. California has also ensured greater access to services for a wider range of emerging populations, and has successfully expanded outreach to bring newly infected, out-of-care or lost-to-care individuals into treatment earlier.

As stated in the 2006 SCSN, California's mark of progress typically remains only a benchmark against which to measure future accomplishments. We still have a long way to go in guaranteeing full access to all needed services for all Californians affected by HIV, and we have much work to do to ensure that all residents of our state have access to quality services that consistently meet their cultural, linguistic, and lifestyle needs. Gaps remain in our system of care, despite our best efforts, and much work must be done to develop new and complete approaches to integrating services, maximizing resources, bringing people with HIV who are aware and unaware of their serostatus into care, and attaining HRSA's goals.

Yet, if the culture and geography of California make this a challenging place in which to forge and implement an effective system of services, then the range, depth, and complexity of our populations also make it an ideal place to develop creative and effective service models that respond to a diverse human community. If HIV has brought struggle and tragedy to California, it has also brought a unique spirit of community, enterprise, and partnership to the fight to conquer it.

California HIV/AIDS Epidemiology

The data and information contained herein reflect AIDS and HIV cases reported to the HIV/AIDS Case Registry through November 30, 2005.

Cumulative AIDS and HIV Cases Reported as of November 30, 2005

As of November 30, 2005, California has received case reports for 139,094 AIDS diagnoses and 39,717 HIV infections. White males, age 25 or older at diagnosis, account

for most AIDS (N=73,531) and HIV (N=16,398) cases reported to date. Fifty-eight percent (58 percent) of individuals reported with AIDS are known to be deceased.

Reported HIV and AIDS Cases Among Adults and Adolescents Presumed Living as of November 30, 2005

AIDS:
The number of individuals diagnosed and reported with AIDS, who are presumed to be living, has increased steadily across all demographic groups since 1990.

As of November 30, 2005, 57,961 adults diagnosed and reported with AIDS are presumed living in California. Of these, 89 percent are men and 11 percent are women.

The racial/ethnic breakdowns differ by sex. Whites (51 percent) and Hispanics (29 percent) account for the majority of adult/adolescent men presumed to be living with AIDS in California. Women presumed to be living with AIDS in California are mainly African American (35 percent), Hispanic (30 percent), or White (30 percent).

The majority of individuals presumed to be living with AIDS were between the ages of 30 and 50 when diagnosed. Forty-five percent of males and 40 percent of females in this group were diagnosed in their 30s. A smaller percentage, 16 percent of males and 21 percent of females, were diagnosed with AIDS during their 20s. Men who have sex with men (MSM) account for most of reported individuals presumed living with AIDS in California. Of the 51,690 men, 82 percent are MSM, including MSM who are also injection drug users (MSM/IDUs). Among women in this group, 51 percent were exposed through heterosexual contact, and 32 percent through injection drug use.

HIV:
In total, 39,692 adults and adolescents have been reported and are presumed living with HIV in California. The majority (84 percent) is male and most are White (52 percent) or Hispanic (25 percent). The racial/ethnic breakdown of women diagnosed and reported with HIV, who are presumed living, is 36 percent African American, 30 percent Hispanic, and 27 percent White.

The majority of individuals, 42 percent of males and 35 percent of females, diagnosed and reported with HIV and presumed living were diagnosed in their 30s. One-fourth (25 percent) of men and 31 percent of women in this group were diagnosed with HIV in their 20s.

HIV exposure by risk, among those presumed living in California, is similar to that of AIDS. Among men, MSM and MSM/IDU account for 79 percent of cases. Women who are presumed living were exposed primarily through heterosexual contact (44 percent) or injection drug use (23 percent).[1]

[1] For approximately one-third of women presumed living with HIV in California, exposure falls into the Other/Undetermined category. For the majority of these cases, the only known risk is heterosexual contact without the sexual partner's risk information.

Overview of OA Care and Treatment Programs

OA, through the HIV Care Branch and ADAP Section, is responsible for administering all Title II-funded programs, including ADAP, the Care Services/Consortia Program, the CARE/Health Insurance Premium Payment (HIPP) Program, the Community Based Care Program, and the Bridge Project, funded through the Minority AIDS Initiative (MAI). The HIV Care Branch also administers a number of other non-Title II-funded care and treatment programs, detailed below.

To support and sustain the spectrum of HIV care and treatment services in California, OA allocates RWCA funds based upon need, as well as geographic and resource equity, through the following programs:

AIDS Case Management Program (CMP) and AIDS Medi-Cal Waiver Program (MCWP)
CMP provides comprehensive, cost effective, home- and community-based services for persons with AIDS or symptomatic HIV infection who would otherwise utilize hospitals, emergency rooms, and nursing homes. The program maintains clients in their homes and avoids the need for more costly institutional care in a nursing facility or hospital. In addition to Title II funding, CMP utilizes State General Funds to provide services. Medi-Cal eligible persons in mid- to late-stage HIV/AIDS are transitioned from CMP to the Medi-Cal funded MCWP. MCWP clients tend to be frailer than those on CMP. However, like CMP, MCWP maintains clients safely in their homes and avoids more costly institutional care in a nursing facility or hospital.

CARE/HIPP
CARE/HIPP helps people with HIV/AIDS maintain their private health insurance coverage and continue their access to primary medical care. Because participants' health insurance policies must cover outpatient prescription drugs, the program also helps ensure that CARE/HIPP clients have access to AIDS drugs and preserves ADAP access for clients with no other method of obtaining drug coverage. CARE/HIPP seeks to increase awareness of the program throughout the state of the availability of CARE/HIPP. CARE/HIPP continues to help HIV-positive persons acquire quality medical care by the continuation of their own comprehensive health insurance coverage.

ADAP
ADAP provides HIV/AIDS drugs to individuals who could not otherwise afford them. Drugs on the ADAP formulary slow the progression of HIV disease, effectively prevent and treat opportunistic infections among people with HIV/AIDS, and treat some of the symptoms associated with antiretroviral therapy. ADAP funding is composed of RWCA Title II funds, State General Funds, and statutorily mandated drug manufacturer rebates. ADAP is intended as a program of last resort for people who have no other means to pay for their HIV drugs. ADAP coordinates with other payers of HIV health care to ensure ADAP is the payer of last resort.

Care Services Program (CSP)
CSP provides funding to local communities for the provision of medical and support services for PLWH/A. CSP targets the service needs of non-Eligible Metropolitan Area (EMA) counties, while the Consortia component of the program continues to provide Title II funding to EMA counties. Both program components provide funding for care and treatment services, and contain strong mandated community planning components.

Local planning bodies, such as Title I Planning Councils and HIV Care Planning Groups, make decisions regarding specific service needs. These planning bodies are responsible for conducting and/or updating an assessment of HIV/AIDS service needs in their geographic services area. CSP increases access to primary care for vulnerable populations, those who know their status but are not accessing care, and to those living in geographically underserved areas. The program increases linkages to culturally appropriate points of entry into the medical system.

Bridge Project
The Bridge Project is funded by MAI federal funds, the Centers for Disease Control and Prevention (CDC), and State General Funds targeted for communities of color. The project is a specific response to research that has documented that many persons of color do not seek treatment until advanced stages of disease progression, have lower rates of retention in treatment programs, and have lower adherence to medication regimes. The project funds clinic-based "Bridge workers" who are peers and members of the community they serve. The Bridge workers identify out-of-care, HIV-infected persons and facilitate their accessing HIV services. They also facilitate re-entry into care, or help to maintain in care those clients who are only marginally engaged in treatment. Another goal of the project is to prevent further transmission of HIV in communities of color that are disproportionately impacted by HIV infection, by increasing the number of HIV-infected individuals successfully enrolled in clinic-based prevention interventions. The Bridge Project operates out of 21 Early Intervention Program (EIP) sites serving communities of color.

Non-Title II Funded Programs

Non-Title II-funded programs administered by the HIV Care Branch include the following:

- EIP;
- Positive Changes;
- Therapeutic Monitoring Program (TMP);
- HIV Housing Program;
- California Statewide Treatment Education Program (CSTEP);
- Housing Opportunities for Persons with AIDS Program (HOPWA);
- Residential AIDS Licensed Facilities Program (RALF); and
- MCWP.

Funds are made available through a variety of funding agencies, such as the U.S. Department of Housing and Urban Development, State General Fund, and Medi-Cal (the State of California's Medicaid). HIV Care Branch programs are allocated to county health departments, clinics and community-based organizations that provide HIV medical and supportive services throughout California. Non-Title II-funded programs are typically closely linked with Title II-funded programs. For instance, local HOPWA programs are usually coordinated with CSP to allow PLWH/A to obtain or remain in affordable housing while receiving services.

Coordination of Title II-Funded Services with HIV Prevention Services

OA values the continued coordination of local, state, and federally funded care, treatment and prevention services. The coordination of efforts is focused primarily, but not exclusively, on: (1) linking newly HIV-infected individuals immediately into care; (2) identifying HIV-positive, out-of-care or lost-to-care individuals/populations and engaging them in care; (3) prevention programs/strategies for HIV-infected persons; and (4) integrated and/or complementary state and local planning for recipients of state, CDC, and/or HRSA funding for HIV.

The state has created and implemented policy over the years to enhance and support efforts around integration and coordination. HIV Care Consortia in the nine EMAs in California have been melded into the existing Planning Councils to provide an integrated approach to service delivery planning. Additionally, the state has transitioned the HIV Consortia model in non-EMA counties as an approach to achieving a more inclusive and comprehensive planning model that includes the local prevention planning groups (i.e., prevention's Local Implementation Groups). Local Care Planning Groups are structured to support inclusiveness, and are charged with developing local comprehensive planning documents that address the needs of persons with HIV/AIDS, including those not in care, and developing an integrated approach to the delivery of HIV care and prevention services. The inclusion of local agencies and community-based organizations that represent the mentally ill, homeless, the formerly incarcerated population, substance abusers, etc., will foster a coordinated continuum of care and prevention interventions and services available through a multitude of funding sources and agencies in all communities.

Other examples of integrated care/prevention efforts include the following:

- Since 1987, EIP has provided clients with multidisciplinary care, treatment, and prevention services. Virtually all of the EIP sites coordinate their services with HRSA-funded services, and many are also HRSA Title III recipients. This program has always mandated risk assessments and prevention interventions for its HIV-infected clients and, when applicable, their at-risk partners. The EIP provides comprehensive HIV care, treatment, and prevention services to HIV-infected Californians at 35 sites statewide.

- In 12 EIP sites, CDC's high-risk initiative funds Positive Changes, a prevention with positives program that provides individual, intensive HIV transmission prevention

interventions for EIP clients that have been assessed at being at very high risk for transmitting HIV. Data from Positive Changes shows sustained behavior change and cost effectiveness.

- The Bridge Project, funded by CDC, MAI, and State General Funds targeted for communities of color prevents HIV transmission in communities of color that are disproportionately affected by HIV by increasing the numbers of HIV-infected persons successfully engaged in HIV care, treatment, and prevention services. Bridge workers focus on out-of-care and lost-to-care individuals and use street outreach techniques to facilitate entry and engagement into care.

- The HIV Education and Prevention Services Branch, in collaboration with the HIV Care Branch, OA Joint Task Force on Prevention for Positives, and the statewide California HIV Planning Group (CHPG) helped California counties implement a 25 percent redirection of HIV prevention funding to prevention for positives. The HIV Care Branch and HIV Education and Prevention Services Branch staff continue to provide technical assistance and training to local health jurisdictions and community-based organizations about prevention for positives efforts currently being implemented. These trainings also encouraged collaboration between the HIV prevention and HIV care providers at the county and local levels. OA Joint Task Force on Prevention for Positives also produced the California OA Guidelines for Prevention for Positives.

- The HIV Care Branch partners with the HIV Education and Prevention Services Branch in overseeing the CHPG statewide planning group. Specific focus points are coordination of state planning efforts, care and treatment strategies for targeted populations, and care/prevention integration.

- CSP of the HIV Care Branch is actively collaborating with the HIV Education and Prevention Services Branch to integrate and/or coordinate the local planning activities for HRSA and CDC-funded services. The two branches are also collaborating to integrate disclosure support for HIV-infected persons, disclosure training for HIV providers, and Partner Counseling and Referral Services (PCRS) into HIV care and treatment services throughout the state.

- The Community Based Care Section has revised its CMP protocols to require nurses and social workers consistently discuss prevention efforts with all clients. In addition, the Community Based Care Section included the provision of prevention services for all CMP clients as part of their program funding processes.

Coordination of Title II-Funded Services with Substance Abuse Prevention and Treatment Services

Federal law requires five percent of the total award under the Substance Abuse Prevention and Treatment (SAPT) Block Grant be expended on HIV early intervention services. These funds are utilized to provide early intervention, testing, and counseling

services for clients in drug treatment programs. The California Department of Alcohol and Drug Programs (ADP) administers this program by contracting with counties, and has defined the use of these funds as "those activities involved in the prevention and delay of the progression of HIV by encouraging HIV counseling, testing, and assessment of the progression of the disease and the provision of prophylactic and anti-viral prescription drugs." SAPT HIV is allocated to counties on a needs-based methodology. Counties are required to develop plans for spending their allocation and must comply with ADP guidelines. Typically, counties provide a wide range of services, to include pre- and post-test counseling to referrals for related medical and social services.

OA provides support services for the ADP HIV antibody testing program for persons enrolled in alcohol and other drug (AOD) treatment programs. These services include training ADP counselors to conduct risk assessment and disclosure sessions for in-treatment clients. OA also provides technical assistance to agencies using the HIV Test Reporting System, and collects and analyzes data and prepares reports on HIV testing in county drug treatment programs.

OA and ADP have developed a working relationship through active participation on planning and advisory bodies. For instance, the Deputy Director of ADP has been appointed to CHPG, a statewide planning body of OA, and has participated at OA-hosted conferences and other focus groups that include OA.

The local planning component of CSP requires local fiscal agents to prepare local comprehensive service delivery plans, and stresses the importance of consulting with HIV and non-HIV service agencies. Local planning groups are mandated to create linkages with county AOD departments, as well as treatment sites and other community-based organizations that target the substance-using population. The creation of linkages between state departments, local government, HIV service agencies, AOD offices, and treatment sites is critical to providing services, particularly to the growing HIV-positive injection drug using population. OA's strategy is to continue creating and strengthening these linkages through providing technical assistance, and creating opportunities for departments to focus on issues in a collaborative manner.

Coordination with Other CARE Act Titles

Coordinating between OA programs and the myriad of other CARE Act-funded programs throughout the state is of high importance, and is noted among the goals of this Plan. However, the State of California consists of 58 counties, of which 15 are included in Title I EMAs. Additionally, the State of California includes Title III and Title IV sites. Though coordination with a large number of sites is challenging, OA is taking steps to support the awareness of these programs, and the creation of workable linkages and coordination among CARE Act-funded programs. Linkages have been built with these sites through EIP, with programs and clinic sites collocated and services coordinated. This has assisted in building better opportunities for coordinated services.

Title I

OA continues to work with the nine EMAs in California in coordinating Title I and II services. Title II funding is provided to Title I areas through ADAP, Consortia, CMP, TMP, and CARE/HIPP programs and will continue to coordinate with the EMAs by appointing OA management staff as voting members on all Title I Planning Councils and requiring that CMP projects located in Title I areas participate on Title I planning bodies in order to be fully aware of Title I-specific resources available to their clients in those communities. Additionally, Title I fiscal agents and service providers actively participate on OA planning groups convened to develop the HIV Comprehensive Plan, and various other policy issues.

OA convenes the Title I Summit meetings periodically throughout the year to bring together representatives of the Title I administrative agencies as well as planning council chairs and other representatives. The Title I Summits have allowed consensus building and coordination among the nine EMAs in California, a collaborative relationship that has proven to be particularly valued as RWCA undergoes reauthorization.

Title III and IV

OA continues to have numerous state-funded EIP sites and CMP projects co-located with Title III sites. These jointly funded Title III funded grantees provide a broad spectrum of coordinated care and services to a greater number of persons living with HIV. Additionally, representatives from Title III and IV grantees participate in the local planning groups in the development of integrated planning documents through CSP and are well-represented in the SCSN process.

Pacific AIDS Education and Training Center (PAETC)

OA contracts with the University of California, San Francisco, PAETC to provide medical consultation to clinicians via an HIV Warmline. The Warmline, a toll-free number, is monitored by an expert panel to assist physicians with patient-specific questions about antiretroviral therapy. In addition, PAETC provides clinical consultation, and information, referral, and training to medical providers. PAETC assists the HIV Care Branch and ADAP with medically-based policy/procedures, implementation of staff in-service training plans, chart reviews, and medical treatment updates.

Coordination with Other Programs

Gathering and disseminating information regarding other federal programs and providing this information to our partners in the form of technical assistance is supported by OA. Focus groups and other information-gathering processes revealed a gap between CARE-funded programs and the variety of other federally-funded clinics, particularly in the rural regions of California.

CSP is working with HRSA staff to educate, provide technical assistance, and disseminate information regarding federal 330 programs such as community health centers, migrant health clinics, health care for the homeless programs, and other federally-funded programs.

Additionally, to support the creation of linkages among these agencies, CSP has developed relationships with community organizations that directly or indirectly serve or have contact with HIV-infected and affected populations. This includes federal, state, and local agencies, as well as community-based and faith-based organizations that would likely have contact with individuals who are infected but not receiving care, or are unaware of their HIV status.

Coordination within CDHS

Tuberculosis Control

OA collaborates with CDHS Tuberculosis Control Branch (TBCB) to develop and sustain coordinated tuberculosis (TB) and HIV/AIDS policies at state and local levels. Of importance is the coordination of policies with agencies administering programs for people at high risk for TB and HIV/AIDS, including substance abuse treatment programs and correctional facilities. TBCB provides TB prevention guidelines to HIV service agencies and HIV residential facilities, and OA provides technical assistance on HIV counseling and testing for TB patients statewide.

Coordination with Sexually Transmitted Disease (STD)

OA's HIV Education and Prevention Services Branch and HIV Care Branch have worked together to develop CDC-funded PCRS, now referred to as the California Disclosure Assistance Program (CDAP). CDAP activities, usually associated with HIV counseling and testing sites, are available at HIV care and treatment sites. CDHS' STD/HIV Training Center continues to provide CDAP training for care providers statewide. The two OA branches have also utilized provider disclosure training, which was developed by the STD/HIV Training Center, to train providers in the skills necessary to guide and support client disclosure efforts.

Coordination with Housing Services

Needs assessments performed throughout the state consistently ranked the need for affordable housing among the top service categories. For this reason, providing affordable housing for persons with HIV/AIDS continues to be a high priority for OA. The lack of affordable housing has been exacerbated in recent years due to the dramatic rise in housing costs in California, which corresponded to very low vacancy rates and unaffordable rents. High housing costs are even higher in the many regions of California that typically also have the highest incidence of HIV.

OA is taking steps to enhance existing OA-administered HIV housing programs, to include HOPWA and the HIV Housing Program. OA is providing technical assistance and facilitating collaborative efforts between housing agencies and HIV service agencies, and has raised awareness of the ongoing affordable housing needs of

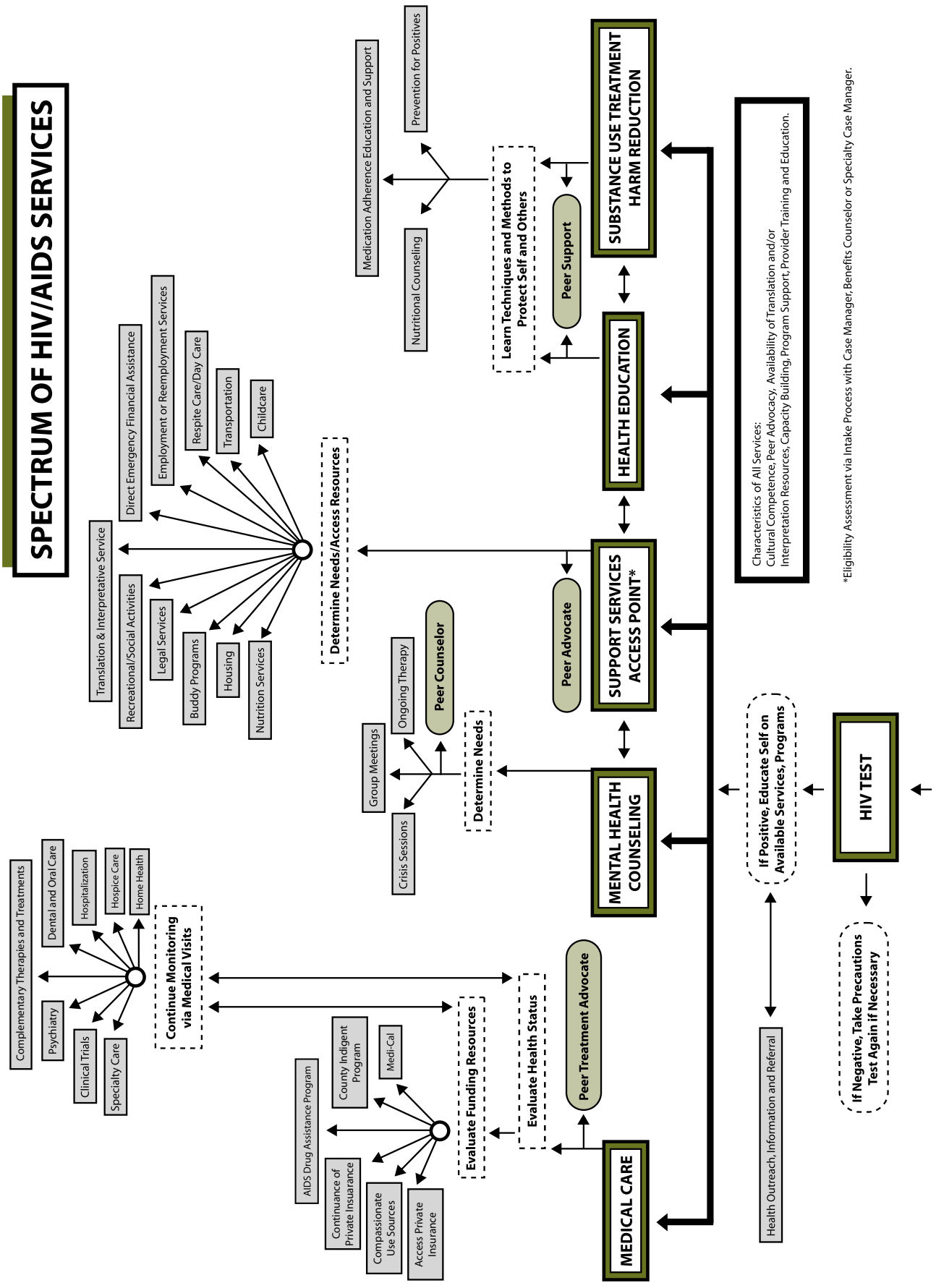
persons with HIV/AIDS. This has resulted in the development of affordable housing units in many high-cost regions of the state that will remain designated on an ongoing basis for persons with HIV.

Components of the HIV/AIDS System of Care

The spectrum of HIV/AIDS services incorporates a wide range of care and support programs designed to enhance the quality and length of life for persons living with HIV, while ensuring their dignity and individuality. The initial spectrum of HIV/AIDS care and treatment services was initially developed for the 2003 Comprehensive Plan. That description of the HIV/AIDS service delivery system in California has not changed substantially.

The categories listed represent those services included throughout the spectrum of HIV care and treatment and funded through a variety of Title II and non-Title II-funded programs. Each category plays an important role in helping work toward a seamless network of HIV/AIDS service delivery in California.

The chart on the following page depicts the fluidity, dynamism, and complexity of the HIV service system.


SPECTRUM OF HIV/AIDS SERVICES
MEDICAL CARE
MENTAL HEALTH COUNSELING
SUPPORT SERVICES ACCESS POINT*
HEALTH EDUCATION
SUBSTANCE USE TREATMENT HARM REDUCTION
HIV TEST
Peer Treatment Advocate
Peer Advocate
Peer Counselor
Peer Support
Continue Monitoring via Medical Visits
Evaluate Health Status
Evaluate Funding Resources
Determine Needs
Determine Needs/Access Resources
Learn Techniques and Methods to Protect Self and Others
If Positive, Educate Self on Available Services, Programs
If Negative, Take Precautions Test Again if Necessary
Health Outreach, Information and Referral
Characteristics of All Services:
Cultural Competence, Peer Advocacy, Availability of Translation and/or Interpretation Resources, Capacity Building, Program Support, Provider Training and Education.
*Eligibility Assessment via Intake Process with Case Manager, Benefits Counselor or Specialty Case Manager.
Complementary Therapies and Treatments
Psychiatry
Clinical Trials
Specialty Care
Dental and Oral Care
Hospitalization
Hospice Care
Home Health
AIDS Drug Assistance Program
Continuance of Private Insuarance
Compassionate Use Sources
Access Private Insurance
County Indigent Program
Medi-Cal
Crisis Sessions
Group Meetings
Ongoing Therapy
Translation & Interpretative Service
Recreational/Social Activities
Legal Services
Buddy Programs
Housing
Nutrition Services
Direct Emergency Financial Assistance
Employment or Reemployment Services
Respite Care/Day Care
Transportation
Childcare
Nutritional Counseling
Medication Adherence Education and Support
Prevention for Positives

Resource Inventory

California is home to 61 local health jurisdictions located in 58 counties. Funding for the full spectrum of HIV services is provided through network of funding agencies at the private, local, state, and federal level, and directly administered through public health departments, nonprofit and community-based organizations, hospitals, clinics, private physicians and other practitioners, mental health therapists, substance use counselors and treatment sites, other supportive service agencies that reach the populations of people with HIV/AIDS.

A complete statewide resource inventory of OA-administered HIV/AIDS services is included as Appendix I.

SECTION 2: ASSESSMENT OF NEED

The assessment of need, to include individuals in- and out-of-care, a determination of HIV medical care needs, an estimate of unmet, as well as gaps in care and prevention, were fully developed as a component of the 2006 SCSN.

The 2006 SCSN process was used to assess the overall needs of PLWH/A in California. Needs assessments from all regions of the state were analyzed, and includes the detailed needs documents developed by the nine EMAs in California that represent over 90 percent of the PLWH/A in the state. Additionally, needs were identified through participation of CHPG, a summit of participants representing all titles of RWCA, consumers, and other persons representing underserved populations.

The 2006 SCSN indicates that, in California, the communities that historically have been underserved by the health care system include African Americans, Hispanics, IDUs, MSM, older PLWH/A, transgender persons, women, youth, the homeless, PLWH/A living in rural and frontier areas, and PLWH/A who are incarcerated. It is safe to assume that these populations also have less access to HIV services.

California is a populous and ethnically diverse state, and there are many specific cultures and subpopulations within each of the populations mentioned above. Although it is impossible to neatly describe the needs of individuals within these populations/communities, they need access to high quality HIV care and services. However, there are a few overarching issues that impact the majority of individuals in all of these populations, as well as issues affecting particular groups.

Unmet Need

The Unmet Need Framework was considered in the development of California's Comprehensive Plan. Specific short- and long-term goals and related objectives are based upon the identified needs and trends, and development of a comprehensive system of care.

- Population estimates: The number of persons living with AIDS (PLWA) in California as of December 31, 2004, is estimated to be 56,988 (CDC-provided estimate). The number of persons living with HIV and aware of their status (PLWH/A/non-AIDS/aware) is estimated to be 56,323 as of December 31, 2004. This estimate was calculated by multiplying CDC national estimates by the estimated proportion in California.
- Estimates of people in care: OA estimated that 35,592 PLWA received HIV primary medical care (viral load testing, CD4 count testing, and/or provision of anti-retroviral therapy) from July 1, 2003 through June 30, 2004. OA estimated that 30,569 PLWH/A/non-AIDS/aware received HIV primary medical care during the same 12-month period.
- Estimates of unmet need: OA estimated that 21,396 PLWA, or 38 percent, did not receive HIV primary medical care during the 12-month period, while 25,754 PLWH/A/non-AIDS/aware, or 46 percent, did not receive primary medical care.
- Data sources: OA used CDC-generated estimates for PLWA and PLWH/A/non-AIDS/aware population estimates. Estimates of care data were obtained by merging data sets from the ADAP, Medi-Cal (Medicaid), HIV/AIDS Reporting System (HARS), and Kaiser Permanente Northern California. OA was unable to obtain client-level data from the Department of Veteran's Affairs (VA) therefore, 2003 aggregate data from the VA Web site were used. In order to separate PLWA and PLWH/A/non-AIDS/aware, OA applied the same proportion found for the linked and unduplicated data files.
- Summary Assessment of Unmet Need: Females had a higher percent of unmet need than males, 54.7 percent compared to 45.3 percent for males. Looking at race/ethnicity, Hispanics had the highest percentage of unmet need (51.6 percent), followed by African Americans with 45.4 percent, Whites with 42.5 percent, Native Americans with 37.1 percent and Asian/Pacific Islanders with 34.8 percent of unmet need.

Unmet need analyses are utilized in formulating service delivery approaches and allocation of Title II funding and other resources. In collaboration with OA's HIV Education and Prevention Services Branch and with input and guidance of CHPG's Care/Prevention Integration Task Force, plans are being formulated for further integration of prevention activities into care settings. This will help to further PCRS activities as well as provide an avenue for outreaching to the HIV-positive people who are not in care and bringing them into care. The Bridge Project is an example of this integrated approach.

Description of Services Utilized and Identified Service-Specific Barriers and Needs

The funded service categories, as noted below, are provided to PLWH/A in California. The Comprehensive Plan also includes associated barriers and needs, as outlined in the 2006 SCSN, to better describe the issues California is facing in providing these services. This information is not prioritized, but presented in alphabetical order:

Ambulatory/Outpatient Medical Care

Despite significant successes, too many people with HIV in California still lack access to adequate HIV medical care. The Unmet Needs analyses for each Title I area and for the state as a whole have estimated that between 60 percent[2] and 20 percent[3] of PLWH/A are not currently in medical care. For the state as a whole an estimated 47 percent of PLWH/A are not in medical care, as determined by using the HRSA Unmet Need Framework.

The reasons include insufficient funding for medical care, high rates of uninsured among PLWH/A, inadequate transportation services in rural areas, lack of stabilization services such as housing for the homeless or those at risk of homelessness, a shortage of providers who speak a language other than English, and, in some areas, a shortage of physicians who are knowledgeable regarding HIV treatment and the Public Health Service standards of care.

Despite the availability of training opportunities for primary care physicians on emerging HIV issues and treatments, not all physicians or health care providers are able or willing to take advantage of these opportunities. The lack of adequately trained HIV care providers can result in a less than optimal quality of care that may impact the health of some patients. A recent PAETC needs assessment found that even high-volume medical providers working in CARE-funded clinics in urban areas wanted more training on highly active antiretroviral therapy (HAART) medications, managing side effects, viral resistance testing, and new treatment innovations.[4] Providers also wanted more information on working with women, aging populations, Latinos, and African Americans.[5]

The lack of availability of a basic medical service, such as access to an HIV specialist physician, means that some people with HIV will not be assured the most up-to-date treatments or that critical health conditions may not be diagnosed and treated in a timely manner.

Primary care that is integrated with mental health and substance abuse treatment remains a gap across the state. PLWH/A with concurrent medical, mental health and substance use conditions need coordinated care to produce the best health outcomes. Case conferences, shared client records, or cross-training can help integrate care. There are good models of integrated care for multiply diagnosed PLWH/A in the state which could be replicated in other areas, and best practices shared with other providers.

[2] Orange County Title I Application, 2005.

[3] San Francisco Title I Epidemiology Report, 2005.

[4] PAETC Region-wide Needs Assessment, Fall 2004.

[5] PAETC.

Pain management is a critical component of HIV primary care. HIV-related conditions can often be extremely painful, and failure to adequately address the individual's pain management needs can create unnecessary suffering in the lives of people with HIV. Physicians should be trained to employ emerging and alternative approaches to pain management. Pain management for people with current or past opiate addictions may be particularly complicated and needs to be treated by providers skilled in working with that population.

Increased use of antiretrovirals has greatly improved the health of many PLWH/A, but it has also led to increased rates of drug resistance. This can limit treatment options and complicate medical care. Genotype and phenotype tests can give clinicians and patients the information they need to make good treatment decisions. The tests are expensive, but essential for quality medical care for many PLWH/A. New HIV medications must continue to be developed, with fewer side effects, greater efficacy, and different resistance profiles. Ultimately a cure for HIV disease is what is needed most of all, but one is not yet on the horizon.

Medication Assistance

Most HIV-infected Californians can access a relatively large safety net for HIV medications compared with many other states and other diseases. A high proportion of PLWH/A in California are on HAART. Both Medi-Cal and the California ADAP formularies include all medications in the federal HIV treatment guidelines, and eligibility criteria for ADAP is relatively inclusive. Increasingly, however, private health care plans are placing more financial responsibility on the insured individual, which means that people with HIV who are on private insurance cannot always afford all medication treatments they need through that type of coverage. However, if they meet eligibility criteria, ADAP can assist with prescription coverage for HIV medications when private heath insurance is limited.

The impact of Medicare Part D implementation is yet to be felt, but it will result in increased costs for many of the dual eligibles (Medicare and Medicaid) PLWH/A in California. There is also concern that the formularies of the Part D pharmaceutical providers may not include all of the medications needed by PLWH/A. The financial impact on ADAP is unknown, but it may increase the pressure on limited funds if formerly insured PLWH/A need to rely on ADAP to make up for Medicare Part D shortfalls.

Benefits Counseling

HIV-related benefits include a broad array of options, sometimes with confusing eligibility requirements. Without knowledge and experience, it can be difficult for individuals to successfully navigate this system. In some communities, trained benefits counselors are available to explain services and advocate for clients. However, benefits counselors are not available to serve all clients. Additionally, frequent turnover among benefits counselors may mean that they may not always be fully aware of all available benefits and current eligibility criteria. Some clients may not access available benefits, and these benefits may be jeopardized or inadvertently lost. Enrolling eligible clients in

programs such as Medi-Cal can take the pressure off of CARE-funded services, so access to benefits counseling can help both the individual and the system of care.

Medicare Part D offers expanded medication access to some PLWH/A, and limits the access for others. It is a complicated program, requiring informed client choice of benefit providers, navigation of a new and complex bureaucracy, and additional costs for many PLWH/A covered by the program. It is still being developed and implemented by the federal government and the private pharmacy benefits groups. California is in the process of training case managers, benefits counselors, and ADAP eligibility workers on Medicare Part D. Additional training and education will continue to be needed as Medicare Part D is implemented.

It is vital that people living with HIV who have private health insurance are informed of health insurance continuation benefits. There are two publicly funded insurance continuation programs in California, CARE/HIPP and Medi-Cal HIPP, which pay health insurance premiums for those who are eligible and who are unable to pay the premiums themselves. If individuals allow several months to pass without electing to continue health insurance benefits, the opportunity to receive coverage through these programs is lost, and public health benefits must fill the gap. This situation also emphasizes the critical need for qualified benefits and insurance counseling, discussed earlier in this section.

Case Management Services

Case management is available to people living with HIV throughout the state. Case management serves as a primary access point to HIV health care and services. The main gaps in case management are related to coordination, cultural and linguistic competency, specialized case management, and quality standards. No person should experience lesser health outcomes because they are unfamiliar with or do not know how to access or navigate the HIV health care system.

At times, there is a lack of coordination among case management agencies within a given region. This lack of coordination can result in contradictory or incomplete case management services. When a client must access needed services from different agencies, and each agency assigns a separate case manager, the result can be fragmented or over-coordinated services.

Although case management is widely available for PLWH/A, it is not always culturally appropriate or accessible for all. Successful case management relies on a relationship of trust and respect between the social worker or case manager and the client. That trust and respect are easier to build if there is a common language and a shared understanding of the cultural context in which the client lives. PLWH/A who do not speak English need case management in their own language, and case management in other languages, including Spanish, Tagalog, Vietnamese, Cantonese, and Thai, remains a gap in many areas of the state.

Funding has been inadequate for the specialized case management programs that support the intensive care and support needs of special populations such as youth or

recently incarcerated individuals. While excellent examples of these programs exist in some regions, they are non-existent or under funded in others. Nursing case management is particularly needed by PLWH/A with advanced HIV disease and other chronic health conditions. As the population of PLWH/A ages, nursing case management will become a greater need and a larger gap. Transitional case management for PLWH/A being released from correctional facilities is vital to linking people with services in the community, but is sporadic across the state, despite PLWH/A being released to all counties.

Statewide standards for case management or specialty case management have not been implemented in California. In addition, several definitions of what constitutes case management exist throughout the state. Some individuals need intensive case management, while others need little or none. Clear case management standards could help to define appropriate caseloads based on acuity. Excessive caseloads can lead to a lack of adequate attention to clients' needs and can delay access to needed services. Fluctuating caseloads and inadequate staff training may also result in case management services of an uneven quality. More fluid case management models are needed to better respond to fluctuating client conditions and needs over time.

Complementary Therapies and Treatments

The HIV service community increasingly recognizes the value of alternative and complementary therapies such as acupuncture, herbs, and traditional Chinese medicine. Complementary therapies can help manage side-effects, support overall health and well-being, and provide pain management. Acupuncture is useful for treating addiction. Many PLWH/A choose to use complementary care in conjunction with Western medical care, and such care has been proven effective in many areas, including reducing the side effects of medication. However, some clients utilize non-Western sources of medicine without sharing this information with their primary care physician. Since complementary therapies can be potent, and may affect the efficacy of antiretroviral therapy, it is important to educate clients and physicians about the need to discuss and coordinate care for people who choose to use complementary therapies.

Dental and Oral Health Care Issues

The lack of oral health care services remains a significant gap in HIV services in California. Needs assessments from Title I areas ranging from Sacramento County to Orange County identified dental care as a top unmet need for PLWH/A. There are only a handful of Part F Dental Reimbursement Programs in California, and many PLWH/A live outside their catchment area. Denti-Cal, the Medicaid dental coverage in California, has very limited coverage for adults. There is an overall need for affordable dental care across the state, and it is anticipated that this need will continue to place additional burden on RWCA funding as Medicare Part D impacts the share of cost issues of persons dually enrolled in Medi-Cal, thereby creating access barriers to services, such as dental.

Some dentists are still unwilling to treat people with HIV, and there is a continuing need for high-quality dental and oral services throughout the state. Other issues that affect

the accessibility of these services include the lack of publicly funded dental benefits and the low reimbursement rates dentists receive as payment for those individuals who do have benefits. Private dental insurance policies that finance dental services under a reimbursement model in which patients must pay for dental services and then wait for reimbursement by an insurance company may limit access to expensive dental services for many patients. Also, dental reimbursement rates are often inadequate and annual expenditure caps too low to cover all dental needs. Preventive dental care is extremely important, yet is available to very few HIV-infected populations. Lack of preventive care can lead to serious and costly health complications.

Direct Emergency Financial Assistance (DEFA)

DEFA offers a vital lifeline for low-income PLWH/A facing financial crises or temporary income shortfalls. It provides episodic support to individuals for medical co-pays, utility bills, unexpected medical expenses, or rent. This assistance is particularly important at a time of rising energy and heating costs. Title I EMAs may also be able to use emergency financial assistance to offset the costs of the Medicare Part D drug benefit for PLWH/A otherwise facing increased costs for their medications. DEFA helps prevent homelessness and facilitate continuity of drug treatment therapy, helping improve the health and well-being of PLWH/A.

Employment Development, Placement, and Training Issues

Many people with HIV/AIDS are experiencing improved health benefits as a result of combination therapies, and are considering returning to work and employment or working for the first time as a serious life issue. This is becoming more true as PLWH/A realize that having a larger income could help provide an improved standard of living in an environment in which housing, utilities, food, and transportation costs are rising. With counseling and job training, more PLWH/A will be able to learn self-management skills, earn an income, and eventually no longer be reliant on case management and public benefits.

However, PLWH/A face several significant barriers – and have some critical needs related to this decision. Many PLWH/A with insurance, for example, are concerned about losing health benefits if they resume employment, or of becoming ill and once again finding themselves unable to work. These consumers are in need of significant legal and benefits assistance, ideally through trained benefits counselors and/or through trained case managers, to help them make this decision realistically.

PLWH/A need expanded work and volunteer opportunities which make allowances for those with fluctuating health and energy levels. Such employment programs would ideally be linked to existing opportunities through the various federal, state, and local agencies that focus on rehabilitation and employment development. Both men and women with children also need access to subsidized child care services to allow them to return to a full- or part-time job. There is a serious need throughout the state for expanded vocational training and rehabilitation programs; for new employment placement and assistance programs within community-based agencies; and for programs to orient and train business owners and employers about the specific issues involved in having a person with HIV/AIDS on the workforce.

Food and Nutrition Services

Adequate food and nutrition services remain a critical and ongoing need for low-income persons living with HIV/AIDS in California, a need which increases as the population of PLWH/A becomes increasingly impoverished and in need of longer-term support and care. Ensuring access to high-quality foodstuffs, including high-calorie nutritional supplements, home-delivered meals, vitamins, and packaged and prepared foods, is essential for maintaining and prolonging the health status and life expectancy of PLWH/A. Nutritional counseling and education by registered dieticians can also help PLWH/A manage some medication side effects, get optimal benefit from their medications, and improve their health status. Food services such as community food banks need to take into account the cultural and ethnic food preferences of the people they serve. Many communities have resources for food for low-income members, but those resources are not always identified by and linked to by HIV services.

Home Health Care and Day Health Care

Home health care services are a vital link in the continuum of HIV/AIDS care, providing homebound persons living with advanced HIV disease access to high-quality personal care and monitoring, while helping maintain dignity and independence in the face of a debilitating, life-threatening illness. Adult day health care services can help people remain in their homes for longer by providing day services including nursing care in an outpatient setting. It also supports adherence to medications.

In some California regions, reduced HIV funding has led to the reduction or elimination of home-based services for people living with AIDS, including home health, attendant, and nursing care; hospice care; and respite care for family members and other caregivers. The only licensed adult day health care program for PLWH/A in California recently closed because of funding cuts. Neither Medi-Cal nor Medicare cover the full array of home health and hospice services needed. Because of the special needs of many AIDS-diagnosed populations, including multiple diagnoses, dementia, and other factors, it is often difficult to identify providers for these services from other non-HIV-specific agencies and programs.

The demand for hospice services has significantly decreased since the introduction of antiretroviral therapy. However, residential and day care for those with AIDS-related dementia continue to be services that many communities are not able to provide. As PLWH/A age, there will be increasing needs for HIV-competent senior services, whether that means senior programs welcoming PLWH/A, or HIV agencies acquiring geriatric expertise.

Housing

The housing crisis in California continues to create a major gap in care for PLWH/A. Housing is a bottleneck service: if PLWH/A do not have housing, it is more difficult for them to access all other services and to get the full benefit from medical care and medication. There is a lack of affordable, safe housing units for all low-income groups in California. The number of low-income households in need of rental units in California's metropolitan areas in 2001 exceeded the number of available low-cost

housing units by more than two to one—a gap of 650,000 units. Housing costs in California continue to rise out of reach of most of the state residents. The 2005 *Paycheck to Paycheck* report by the Center for Housing Policy found that **all** of the top ten least affordable cities were in California. That was true both for renters and for homeowners.[6] Even in communities that have effective housing programs for people with HIV, these programs are frequently inadequate or inappropriate for certain populations such as large families with children. There is a shortage of approaches to help people with HIV overcome hurdles to obtaining long-term housing such as a poor credit record and a lack of residency history. Housing programs in rural regions are under-supported in general. Needs assessments routinely find housing is a top unmet need for PLWH/A.

HOPWA is a separate federal funding stream through U.S. Housing and Urban Development. It helps fill the gap in housing assistance for PLWH/A in California, but is not sufficient, and has faced cuts of its own in recent years. Because there is a separate funding stream for PLWH/A, other housing programs are often not set up to work with PLWH/A, or assume that their needs are met elsewhere.

The housing crisis in California has a disproportionate impact on those who are poor, homeless, or marginally housed. Housing is a bottleneck service; if PLWH/A do not have safe, stable, affordable housing, it is difficult for them to access and maintain other services, including primary care, substance abuse treatment, and mental health therapy. Providing health care and other services to the homeless and marginally housed is more complex and more costly – they often need to stay in expensive inpatient beds for longer periods awaiting community placements, are more likely to miss appointments, and are more likely to access care through the emergency room. Stabilizing the homeless is essential to providing them with optimal care. It is particularly difficult for homeless PLWH/A to take protease inhibitors without a secure place to store medications and recuperate from side effects such as diarrhea and nausea. Lack of housing is one of the most significant barriers to care in several EMA needs assessments.

As described in the Oakland EMA Title I application, "PLWH/A who are under severe economic stress must prioritize pursuit of basic living needs over seeking and maintaining health care. If a homeless PLWH/A, who is not severely ill, must choose between finding a meal and keeping a doctor's appointment or going for a blood-draw, she is likely to choose the former. Transportation is also a major barrier, if the clinic is not within walking distance and the individual does not have bus fare, he is not able to attend the clinic. Homeless people lack telephones to make appointments and refrigerators to store medications. As a consequence, the homeless/disadvantaged

[6] 2005 *Paycheck to Paycheck: Wages and the Cost of Housing in America*. Center for Housing Policy, National Housing Conference. August 2005.

person is less adherent, becomes sicker when she does get sick and requires more advanced medical and supportive services to weather the crisis. All of these factors add to cost and complexity of care."[7]

Legal Services

Legal services are invaluable to PLWH/A. End of life issues such as wills, trusts, plans for family members and dependent children, and health care powers of attorney are some of the needs that are best addressed by legal professionals. Unfortunately, PLWH/A continue to face illegal discrimination and denial of benefits.

Mental Health and Counseling

Mental health services are one of the most widely-used CARE-funded services. PLWH/A need mental health services ranging from peer support groups to crisis counseling to ongoing psychiatric care with medication. There is a shortage of long-term counseling and therapeutic services and psychiatric care for people living with HIV. Mental health services can be beneficial in improving self-care, promoting HIV medication adherence, and reducing HIV risk behaviors. Some care providers lack the training and expertise necessary to understand and appropriately respond to some of their clients' mental illness-related behaviors. Mental health services must be culturally appropriate, as cultures have different understandings and expectations of mental health services. Increased availability of and access to psychiatric consultation is essential in providing effective care and support to mentally ill PLWH/A.

Mental disorders, whether chronic and severe or relatively minor, are pivotal factors underlying many people's inability to enter care, remain in care, or begin and maintain combination drug therapies. Among HIV-positive persons, the prevalence of mood and anxiety disorders and substance use disorders is significantly higher than in the general population. Stress, depression, and anxiety make it difficult for an HIV-infected person to cope with life in general, much less with the demands of an HIV diagnosis. More serious mental disorders contribute to stigma and disenfranchisement, and compromise individuals' ability to successfully engage in care. The poor judgment, difficulty forming relationships, and impulsivity associated with personality disorders can contribute to the inability to remain in care and to access vital support systems.

Persons with HIV infection may be contending with chronic mental and/or addiction disorders that were present before the onset of HIV infection. Others may develop transient symptoms of mental disorder as a response to their HIV diagnosis. These symptoms may actually be a reasonable response to the shock and stress of the diagnosis and may need no intervention other than supportive counseling. Conversely, these symptoms may represent the onset of more serious disorders that will require more intensive monitoring and intervention. Some HIV-infected persons may also develop serious symptoms related to HIV medications, (e.g., psychotic symptoms resulting from steroid-based medications) or related to the HIV infection itself.

[7] Oakland Title I 2005 Application, p. 62.

Staff at some health facilities may be uncomfortable dealing with mental health issues or may lack the needed expertise to offer appropriate care. This raises the issue of discrimination against the mentally ill as a barrier to care, not necessarily through conscious rejection of mentally ill people by the medical care system, but through a lack of resources, knowledge, or skills to provide adequate care.

Peer Advocacy

PLWH/A have a valuable role to play as providers, planners, and advocates in the system of care. PLWH/A are often their own best advocate, and can take the lead in improving their own health and quality of life. They are an essential part of RWCA planning process at the local and state level, although some PLWH/A need support, training, and mentoring to be active participants in the process.

Prevention with Positives

The development of effective HIV treatments has had a profound impact on every aspect of HIV services. The life-extending benefits of HAART have meant that the number of persons living with HIV continues to increase. Those who respond well to treatment are able to enjoy more active lives, and for some, this means an increase in activities associated with increased risk of HIV transmission. The impact of HAART, as well as the increasing incidence of HIV in communities of color and the resurgence of HIV in some areas and populations, all point to the need for interventions specifically designed to meet the prevention needs of HIV-positive persons.

Creating and sustaining behavior change to reduce HIV transmission is difficult and requires approaches that are highly individualized and that take culture and context into account. Providers and funders must recognize that transmission prevention often requires long-term interventions and support and is rarely adequately addressed via basic prevention messages and traditional HIV education. When considering implementation of prevention with positives programs, it is essential to remember that little is known about strategies to maintain behavior change across time. Most studies focus on behavior change only over the first 6 to 12 months post-intervention – but given the general success of HIV treatments, persons living with HIV have to contend with the issue of risk for many years. In addition, many prevention programs fail to acknowledge the importance of working with relapses into risky behavior. Even individuals who possess strong commitment, good support systems, and the best of intentions can suffer a lapse, reflecting the simple reality that it is very difficult to maintain behavior change over time. The lack of both individualized, long-term support strategies and straightforward, compassionate discussion of how to contend with relapses may limit the effectiveness of HIV prevention with HIV-positive persons.

While the central role of HIV prevention services with HIV-positive people is now widely recognized, published research about successful model programs is still limited. As more information becomes available about appropriate and effective transmission prevention services with HIV-positive people, including services provided directly by people living with HIV, it is essential that this information be made available. Lack of

dissemination and effective implementation may result in inadequate, ineffective, or hastily constructed programs.

Effective prevention for positives interventions may require that significant resources be devoted to staff training in topics such as motivational interviewing, harm reduction theory, sexual compulsivity, information about the dynamics of specific categories of drug use, and multiple other topics that may not have been previously addressed (or at least not addressed from the perspective of prevention with positives work). Some prevention with positives programs do not include training and support for staff and volunteers, especially as needed to counter unrealistic expectations they may have for their own and their clients' success. Unreasonable expectations for behavior change can contribute to client anxiety and create an environment in which it is difficult for clients to disclose the challenges they face in trying to achieve lower risk behaviors.

Substance Use and Addiction Treatment Services

IDUs and other substance users face high HIV risks, difficulties getting into care, and a higher incidence of co-morbidities such as mental health problems and hepatitis C infection, as well as other health problems related to substance use. They are far more likely than other PLWH/A to have a history of incarceration, homelessness, and to have been victims of violence and abuse, including domestic violence. For some IDUs, their substance use is a barrier to maintaining regular primary care and adherence to medication schedules. Substance users have higher needs for basic survival services such as housing and food. Medical care and other services for substance users must be provided with a harm reduction modality to be successful at retaining them in care. Syringe exchange programs need to be available to IDUs to enable them to take care of their health and avoid contributing to new HIV infections.

The Los Angeles Title I Application described the issue: "Decreases in quality of life, income, emotional support, which usually accompany substance abuse, often result in or exacerbate isolation, mental illness, and increased risk for disease. Critical to effective services are HIV medical providers dually skilled at substance use and misuse issues. Case managers, housing providers, and mental health providers require ongoing training to identify and respond to the potential for non-injection drug use and available treatment options. Additionally, all personnel working with HIV-positive individuals must be aware of issues related to increased high-risk behaviors that put clients in greater danger of transmission and re-infection. Training and education about substance abuse among the HIV-positive population is needed on a regular basis. Similarly, education from individuals familiar with the lifestyle, such as peer counselors, is often shown to be more effective."[8]

Despite some progress, the goal of "drug treatment on demand" for people living with HIV remains unrealized. Extensive work remains to be done to ensure adequate

[8] 2005 Los Angeles EMA Title I Application, p. 39.

access to drug treatment services for people with HIV, a problem that is not unique to the HIV care system. Drug treatment capacity is inadequate, and appropriate and effective treatment modalities are not always available. Effective treatment for methamphetamine abuse is a major gap across the state. New treatment technologies and policies such as buprenorphine or office-based methadone treatment is underutilized and can help expand treatment capacity and offer more treatment options to PLWH/A. Simultaneously, legal constraints have limited the number of syringe exchange programs that are sanctioned and funded through public dollars.

There are waiting lists for substance abuse treatment programs in every corner of California. That is true regardless of the community, region, drug of choice, or treatment modality. In some cases, there is no treatment locally available, such as residential treatment for women with children, or programs for monolingual Spanish speakers. Opiate addiction remains a major problem among IDUs in California, yet waiting lists continue for methadone replacement programs, a well-researched, effective treatment option.

Methamphetamine and amphetamine use is a long-standing problem in California, most recently among gay/bisexual men. It is now getting increased attention throughout the country, particularly from law enforcement. Successful methamphetamine treatment is a fairly new development, and there is little clinical research on what comprises effective treatment. Programs in San Francisco and Los Angeles report good outcomes, but also report that successful treatment for stimulant abuse may take longer than that for opiate or alcohol abuse. PLWH/A who want treatment for their methamphetamine addiction face significant gaps in treatment availability. Like all substance abuse treatment programs, methamphetamine treatment must be culturally appropriate to be successful. Best practices from programs such as The Stonewall Project in San Francisco serving gay/bisexual men in San Francisco should be disseminated throughout California.

The lack of sanctioned syringe exchange programs decreases the ability of providers to offer this valuable harm reduction service. Syringe exchange has been demonstrated as an effective means for reducing transmission of blood-borne pathogens including hepatitis C and HIV, yet syringe exchange programs are not funded or sanctioned in most counties. Legal barriers continue to limit resources for syringe exchange. Recent legislation signed into law by Governor Arnold Schwarzenegger has increased access to sterile syringes through pharmacy sales. This statute provides a legal access to clean needles and syringes and is a significant step forward in California's HIV prevention efforts.

Transgender Service Issues

Continued discrimination and violence against transgender individuals puts them at increased risk for HIV and makes it difficult for them to access many services. In

San Francisco County alone, 35 percent of all male-to-female transgender women are estimated to be living with HIV, yet access to comprehensive services throughout the state remains an issue. There are still no state laws banning discrimination against transgender individuals in housing, employment, and other areas, and recent studies in Los Angeles and San Francisco Counties have shown extremely high seroprevalence rates and risk behaviors in the transgender community, and have also shown that discrimination is a barrier to care. They face difficulty finding jobs, housing, and other basic services, and many turn to sex work as an alternative. In addition, many providers are unfamiliar with or uncomfortable serving transgender consumers, creating significant gaps in the system of care.

Translation and Interpretation Services

Language and cultural barriers create significant problems for PLWH/A whose primary language is not English, particularly in terms of the lack of professional and paraprofessional providers who are bilingual in either English and Spanish, or in English and one or more Asian/Pacific languages. In addition to the huge number of Californians who speak Spanish as their primary language, more than 100 different Asian/Pacific languages and dialects exist in our state. Translation and interpretation services provide an essential means for providers who do not speak the client's primary language – particularly medical care professionals – to listen to and learn from PLWH/A, and to communicate important medical and support information that can enhance both the quality and length of patient life.

Translation and interpretation services, however, must always be culturally specific, delivered by individuals who understand not only the patient's language or dialect, but also his or her specific cultural perspectives and backgrounds. These cultural differences can often impair a clear understanding of a specific question a patient may be asking, or of a specific need for services, despite the apparent ability to track what is being spoken in a literal sense.

Transportation Services

Lack of consistent access to transportation remains a barrier to accessing HIV services for some people. This problem exists in both rural and urban settings. In rural areas, for those without public transit, and areas with widely dispersed services, transportation is a service gap that leads directly to other service gaps for PLWH/A. Finding practical solutions to the problem would contribute toward ending HIV service disparities across the state, while improving access to health and social services for clients. As with child care and other services, the inability to access this supportive service creates a systemic barrier to accessing medical and social services.

Ensuring full access to comprehensive transportation services remains a central need for persons with HIV/AIDS. Transportation is often the only means to ensure accessibly of medical and social services for PLWH/A, and to support full adherence to treatment regimens. Yet many areas lack adequate public transportation resources or subsidies, while increasing gasoline prices greatly affect the cost of commercial transportation services. Enhancement of transportation services must include both access to a full

range of transportation options, and subsidization of transportation costs, including transportation suitable and accessible to persons with disabilities other than HIV.

Transportation issues are of particular importance in areas in which PLWH/A must travel long distances to access care. In such regions, van-based services are often the only alternative to daylong bus rides or unaffordable taxi fares. Van services are also expensive to provide, and can serve only a limited number of consumers per day, particularly when they must travel a long distance to pick up and drop off each consumer.

Transportation is a critical component of the overall continuum of care whose costs continue to accelerate on an ongoing basis. As the HIV/AIDS service system strives to create expanded and enhanced services to meet the demand for comprehensive systems of care, the demand for expanded transportation services also increases, placing greater cost demands on the system as a whole. These service repercussions must be taken into account both when planning for and mandating new services within jurisdictions or regions.

Service Needs Specific to Women

Though comparatively, women are a smaller part of the HIV/AIDS epidemic in California, that proportion continues to grow at an unacceptable rate. Women of color bear a disproportionate share of the epidemic among women. As described in the Los Angeles *CARE Act Year 15 Title I Application*, "Women with HIV of all racial and ethnic groups are particularly vulnerable to a variety of barriers which prevent them from accessing care: lack of child care, serving as single heads of households, transportation challenges, and medical care which does not always address the specific needs of female patients."[9]

Its been noted that the comprehensive continuum of care is less readily and regularly available for women than for men. A comprehensive continuum of women's HIV services must include women-focused and 'women-friendly' primary/specialty medical care, especially in obstetrics and gynecology; family planning and prenatal care; mental health services; women-only support groups; child care; transportation; housing; food; and access to public benefits programs. Ideally, this includes the availability of women medical and psychosocial providers from a variety of ethnic and linguistic backgrounds. Women living with HIV have reported their frustration with doctors who did not recognize potential HIV symptoms in women, including frequent vaginal infections, or who did not recognize differences in potential medication therapies and prescriptions for women as opposed to men. Finding pre-conception counseling or an obstetrician with expertise in preventing perinatal transmission can be very difficult, especially outside of major urban areas.

[9] County of Los Angeles, *CARE Act Year 15 Title I Application*. P. 43.

Many providers noted that because women have such specific and distinct needs in regard to HIV/AIDS support and treatment services, the existing male-centered system often unwittingly creates insurmountable barriers to women accessing adequate HIV/AIDS care. In many cases, this will require reorganizing existing systems of care to respond to both women and men, or, in other cases, creating entirely new systems of care that recognize the distinct service requirements of women, and that build service systems and networks consistent with their needs. While many women with HIV have dependent children in care, many women with HIV do not have children, or do not have custody of their children, and may not feel comfortable accessing care in clinics organized around family services.

Women tend to enter the care system later in the disease process than men, and they often experience severe social isolation; have problems with transportation; and find it a challenge to regularly attend support groups. The stigma that still exists regarding HIV/AIDS among women is a further barrier to seeking early intervention and care. Women also risk receiving inadequate care when their individual needs are not completely or sensitively addressed, or when providers do not acknowledge or take into consideration their various family responsibilities, and how this may affect their ability to access services or follow through on medical or social service referrals.

Service Needs Specific to Young People and Adolescents

Providing care to HIV-positive youth poses a special challenge. Frequently, young people have difficulty accessing services designed for adults. Substance abuse, homelessness, poor support systems, and histories of trauma and mental illness complicate service delivery. Because they often do not have family in the area and have few options for supporting themselves, many youth need specialized housing. Bi/homosexual youth may experience rejection by the medical establishment. Youth who are homeless or marginally housed are often distrustful of traditional "adult" services. Services need to be designed to keep young people actively engaged in their own care.

Pediatric providers are now seeing perinatally infected children aging into adolescence, which presents new, though welcome, challenges. The Los Angeles Family AIDS Network, a Title IV group, says "the pediatric population is aging into the adolescent years and pediatric providers are working to offer youth sensitive services that meet the maturation needs of these youth. Pediatric providers increasingly collaborate with traditional youth providers as warranted by the individual client's circumstance. Of particular interest is that a focus of many of these patients is now looking ahead to issues related to college and employment."[10]

[10] Los Angeles Family AIDS Network (LAFAN) Ryan White Title IV Coordinated Services and Access to Research For Women, Infants, Children, and Youth FY 2005. p. 5.

Barriers to Care

The persons living in California who know their HIV-positive status but do not access HIV-specific services do so for a variety of reasons. In some cases, the system has failed to inform these individuals of the availability of HIV-specific programs. In other cases, individuals are dealing with a complex range of life issues and complications that act as barriers to accessing care. In still other cases, people are afraid to confront the reality of their diagnosis, or are fearful that seeking care will cause their HIV status to be revealed to others.

Whatever the specific individual reasons, there is extensive evidence to suggest that a significant percentage of the out-of-care populations consists of poor and disenfranchised populations, who often do not access health care except in emergencies. In 2000, a total of 6.2 million Californians had no health insurance of any kind – a fifth of the state's population under age 65. While publicly funded services are available to help these individuals access treatment and medications, their lack of regular contact with the health system in general may act as a barrier to seeking HIV services.

Other populations do not have regular contact with the health care system. Young people may not access preventive health services, particularly when they are living away from home. Homeless populations have little or no access to basic, consistent health care. As noted earlier, some ethnic minority populations may have a deep-seated mistrust and suspicion of the health system that keeps them from seeking regular care. For these and other groups – such as women, sex industry workers, incarcerated populations, and undocumented immigrants - lack of familiarity and comfort with the health care system may contribute to an unwillingness or reluctance to enter care.

To help define the full range of reasons that people do not enter HIV care or drop out of HIV care, OA gathered input from members of planning groups, to include CHPG, and from experts in outreach to this population, such as the staff of the Bridge Project. These groups offered information regarding out-of-care populations based on their personal experience and professional knowledge. Information was gathered from each group regarding the factors that keep people out of care, the factors that cause people to drop out of care, and the strategies that are effective in bringing people back to care. The results were not dissimilar from earlier research regarding the out-of-care population.

Of particular interest was the perspective of staff of the Bridge Project, a program multi-funded by HRSA, MAI, CDC, and the State General Fund. The Bridge Project's goal is to prevent further transmission of HIV in disproportionately affected communities of color by increasing the number of people with HIV who are successfully enrolled in comprehensive HIV treatment and prevention services. As a program dedicated to bringing impoverished and disenfranchised people of color directly into the system of care, Bridge Project staff have a close working knowledge of the reasons why the

hardest-to-reach populations do not seek care, and of what may ultimately assist to bring them into care.

This section summarizes some of the most common reasons identified by clients and supportive service providers/outreach workers for remaining out-of-care in California. For purposes of discussion, these factors are grouped below into categories and are presented alphabetically, rather than in a prioritized order.

Access to Services or Knowledge of Services

People living with HIV, particularly if they are poor, disabled, or in rural communities may not have a way to access services even when they are available. These individuals may lack access to viable transportation options, may not have the support of an individual to help get them to a medical appointment, or may not be able to attend service facilities during regular business hours. In other cases, services needed to get an individual into care may not be available in a given region – services such as substance abuse treatment, specialty medical care, or services in languages other than English.

Additionally, the unavailability of easily accessed care can present a barrier. Clients who have never sought services before, particularly members of stigmatized populations, may spend weeks working up the courage to make an appointment or walk into a clinic, and then lose heart when the wait time for an appointment is too long, when they cannot receive walk-in services, or when the enrollment process is too overwhelming. These individuals may not seek another appointment for some time.

Denial and Fear of Illness

Many people living with HIV, often in early stages of coming to terms with the disease, undergo a period of denial that can keep them out of care for weeks, months, or even years. Some people recently diagnosed with HIV refuse to believe they have the virus, and others choose to believe the virus will not affect them. Often it takes either a negative health experience or a need for assistance with a basic support service such as food or housing to bring a person into care for the first time.

Disclosure and Stigma+

Some populations are not only dealing with HIV as a disease, but are trying to address internal and external stigma regarding HIV itself. For undocumented populations, fear of disclosure of non-resident status or of their disease, keeps many people out of care each year. Victims of domestic violence may be unwilling to disclose their HIV status to a partner because of fear of retaliation. Some individuals who receive an HIV diagnosis feel that HIV is a shameful condition that lessens the individual and subjects him or her to humiliation or rejection by family and friends, while others fear that they will lose their job if their employer learns they have HIV. These individuals may fear that by seeking services, they will expose their HIV status, and avoid services to keep their condition a secret.

Experiences with Medications

Many people with HIV have been taking medications for years, and at some point may become exhausted or exasperated with the presence of medications and doctor's visits in their day-to-day lives. These individuals may tire of the constant need to watch their regimens, and to structure their lives around their drugs. Others "burn out" on the emotional ups and downs of living with the illness, and the constant struggle of dealing with the HIV service and health care systems. Still others may become fed up with the negative or painful side effects of certain medications.

Some individuals have contradictory experiences that lead to the same outcome. For example, after starting medication regimens for the first time, some people drop out of care because they begin to feel well. In other words, because they no longer feel sick, they do not feel they need to remain on medication or in medical care. But others have immediate negative problems with side effects, and drop out of care because they feel sick.

Reluctance to Seek Early Medical Care

Some cultures and families believe that one need not seek medical care until one is very ill, and other individuals may seek the assistance of a healer in their own traditional culture rather than a Western medicine practitioner. Prophylactic treatment may never have been experienced and, therefore, may be a concept not easily accepted in some cultures or families.

Homelessness and Marginally Housed

Homelessness is a clear barrier to health care in California. The high cost of real estate and, therefore, affordable housing opportunities in California have created a housing crisis, particularly for the most disenfranchised populations. Because of mental illness, alcoholism, substance abuse, or disability, some homeless people are unable to care for themselves, and do not know how or cannot access medical or supportive services. Some homeless people are dealing with severe mental illness and require extensive intervention and support in order to attain stability prior to beginning HIV medical care. Transportation is another prevalent problem among the homeless that limits access.

As stated in the SCSN, housing is a bottleneck service; if PLWH/A do not have safe, stable, affordable housing, it is difficult for them to access and maintain other services, including primary care, substance abuse treatment, and mental health therapy. Lack of housing is one of the most significant barriers to care in several EMA needs assessments.

Lack of Service Linkage

Approximately 60 percent of people who test do not return for their HIV test results, and approximately 35 percent of those people are HIV positive. In California's approximately 800 state-funded test sites alone, over 600 people who tested positive may not be aware of their serostatus because they did not return for their test results. A parallel problem is people who receive a positive test result but do not follow-up with a visit to a doctor or an HIV service agency.

Many providers and people with HIV believe that the moments immediately after an individual has first received an HIV diagnosis represents a critical opportunity, which, if missed, can result in people being lost to care. For most people, the moments following receipt of an HIV diagnosis are traumatic, particularly if the individual has not expected the diagnosis. In some cases, if no one is present to help the person make an immediate linkage to care, that individual can be lost to the system for an extended period of time.

Mental Health Issues

Mental disorders, whether chronic and severe or relatively minor, are critical factors underlying people's inability to enter care, to remain in care, or to begin and maintain combination drug therapies. Among all HIV-positive persons, the prevalence of mood and anxiety disorders and substance use disorders is significantly higher than in the general population. Stress, depression, and anxiety make it difficult for an HIV-infected person to cope with life in general, much less with the demands of an HIV diagnosis. More serious mental disorders contribute to stigma and disenfranchisement, and compromise individuals' ability to successfully engage in care. The poor judgment, difficulty forming relationships, and impulsivity associated with personality disorders can contribute to inability to remain in care and to access vital support systems.

Persons with HIV infection may be contending with chronic mental and/or addiction disorders that were present before the onset of HIV infection. Others may develop transient symptoms of mental disorder as a response to HIV diagnosis. These symptoms may actually be a reasonable response to the shock and stress of diagnosis (e.g., depressive or anxiety-based symptoms) and may need no intervention other than supportive counseling. Conversely, they may represent the onset of more serious disorders that will require more intensive monitoring and intervention. Finally, some HIV-infected persons may develop serious symptoms related to HIV medications (e.g., psychotic symptoms resulting from steroid-based medications) or related to the HIV infection itself (e.g., HIV-Associated Dementia or Minor Motor-Cognitive Disorder).

Staff at some health facilities may be uncomfortable dealing with mental health issues or may lack the needed expertise to offer appropriate services. As a result, people with mental health problems often have difficulty accessing ongoing medical care at county or community-based medical clinics – often the only place that these individuals can receive medical services because they usually lack medical insurance. Discrimination against the mentally ill can be a barrier to care. Such discrimination may not result from a conscious rejection of mentally ill people by the medical care system, but through a general lack of resources or skills to provide adequate medical care. This problem is closely related to the problem of a lack of culturally appropriate mental health services for mentally ill people living with HIV.

Sensitive, Competent, and Culturally Appropriate Care

Lack of access to sensitive, competent, and culturally appropriate service providers is a serious problem facing all health services providers in California, including providers of

HIV services. The lack of availability of sufficient numbers of knowledgeable, culturally competent HIV providers makes it difficult for people living with HIV to find providers that they consider to be sensitive, understanding, and empathetic. This can create disillusionment with the system and may contribute to people dropping permanently out of care.

Many of these problems stem from the lack of services that respond to and reflect specific cultural backgrounds and orientations. Culture in this case is defined not only from an ethnic standpoint, but also in the sense of lifestyle and life choices. Individuals need to receive both medical and psychosocial services that directly reflect their cultural, ethnic, religious, and linguistic background as much as possible. This includes the availability of services in their own language and services by multicultural staff members that reflect the communities they serve. Cultural sensitivity also includes the availability of providers who are respectful toward often-marginalized populations, such as gay and bisexual men, transgender individuals, IDUs, youth, and women.

Populations such as the homeless, IDUs, the mentally ill, transgender persons, and persons who speak a language other than English report experiencing problems with provider rejection, an issue of particular concern given that these are all groups increasingly affected by HIV. Rejection or mistreatment by a medical provider can be an extremely hurtful experience for the patient, often leading to a resistance to seek care on a future occasion, or necessitating the building up of trust 'from scratch' in the hope that the next service provider will be respectful and compassionate.

Problems also occur when people living with HIV are unable to locate primary care physicians, counselors, or other support personnel in their region who have a strong background in HIV. This can be a particular problem in rural and underserved communities. As with other provider issues, this can lead to disillusionment, a lack of satisfaction with care, and a fully grounded fear that services may be detrimental, rather than helpful, to one's health and well-being.

A critical gap in HIV services that may lead to being out of care is the lack of other people living with HIV in supportive peer positions within health and social service agencies. Such services can be extremely helpful in helping a newly-diagnosed individual come to terms with his or her HIV status, learn the rudiments of the HIV service system, and share fears and process emotional responses with an individual who has already been through a similar experience. This peer support can be particularly beneficial if provided by trained, competent peer support staff who share the ethnic, cultural, linguistic, gender, sexual, and other characteristics of the populations with whom they work.

Service Continuity

An ongoing reason for people leaving care is the lack of service continuity both within individual service regions, and across areas inside and outside of California. It is reported that individuals drop out of care when their physician or case manager leaves the area or moves to another agency. Others exit the system due to administrative issues, such as being shifted to another health maintenance organization by an

employer, when a physician group drops off a preferred provider list, or when the clients lose their private medical insurance. Still others drop out of care when an agency or service in an accessible location closes down and they can no longer easily access care in an alternative service location.

These same issues apply when individuals move from region to region within California. Often, people with HIV cannot find suitable or comfortable services that match those available in their previous location, and must either travel back to their original community to access care, or receive inadequate or unsatisfactory care. Others enter California from out of state, and lack an easy means to identify services in their new community.

Substance Use Issues

Substance use is an underlying factor within the complex network of circumstances that prevent people from seeking or actively engaging in HIV care and prevention services. Active substance users often try to avoid contact with medical systems for fear of having their substance use challenged, fears about interactions between street drugs and HIV medications, legal repercussions, child custody issues, or prior experiences with health care providers who treated the user with disdain or hostility.

Substance users in the advanced stages of addiction or who are suffering from personality disorders or mental disorders may present with erratic behaviors or be otherwise difficult for staff to contend with; this can create challenges for service agencies.

Active substance users may not be welcome in some health care settings. Some providers view them as inherently manipulative and unable to take responsibility for their own care. These beliefs, while partially grounded in the reality that addiction-related behaviors present many challenges for providers, may create barriers that make health care inaccessible to substance users.

Barriers to treatment include requirements of sobriety or abstinence from drugs as a prerequisite of enrollment, and the assumption that an active user is an inappropriate candidate for HAART. Because of the ongoing shortage of available drug treatment program slots, even users who are ready to enter treatment may not be able to do so within a reasonable time span. Others lack access to suitable or culturally appropriate drug treatment programs, or to long-term support to help them change their life circumstances effectively.

Administrative Perspective: Systemic Barriers to Care

Achieving a comprehensive, flexible spectrum of HIV services -- particularly in a manner that makes essential services accessible to everyone and distributes resources fairly among the HIV-infected population -- is in many ways the ultimate goal of RCWA-funded services. As part of local planning activities, RCWA groups are charged with developing continuums that prioritize or categorize services based on the nature of the local

epidemic, and on the region-specific service gaps or barriers that are most prevalent for underserved people with HIV.

For a region as large and complex as California, however, there are several critical systemic barriers to developing a single continuum of care that can be generalized for the full range of the state's diverse HIV-affected population. Service needs and resources differ from region to region, and needs differ widely from individual to individual and may change over time.

The needs of residents of an underserved rural region, for example, may center around the problem of service access for a relatively small group of people living with HIV who are spread out across a wide geographical area, with relatively few providers. By contrast, the continuum of care for a heavily populated inner-city neighborhood may center on the problem of ensuring culturally competent services to a high percentage of people living in poverty, many of whom may never have accessed traditional medical services. For the prison and jail populations, the continuum of care needs to ensure both access to a full range of health and social services, while providing transitional services that help HIV-diagnosed people transition to community-based care upon release.

Even more important, however, is the fact that no continuum of care can capture or portray every individual's unique combination of HIV-related service and support needs. These needs are different for every individual, change over time, and are based on a complex convergence of factors that include individual social and economic circumstances, personal behavioral choices, health status, ethnic and linguistic background, and health beliefs.

The following section lists systemic issues that may affect the quality and availability of care. These issues are listed alphabetically, in non-prioritized order. Not all of the issues below affect care to the same degree, and not all apply to every region of California.

Awareness of Services

In many areas, people with HIV may not access HIV services because they do not know that services are available to meet their needs. People with HIV may be unaware of how or where to access or obtain services, and because they do not know that services may be available to them for low or no cost. To ensure full access to care, it is vital that HIV service providers publicize their programs both within the health and social service community and to the general public at large. However, these outreach efforts require additional resources that HIV programs often lack.

Complexity of Eligibility and Enrollment Processes

As in other public service systems, there are often duplicative intake processes and forms to be completed when people are entering and using the system of care. Clients may also be required to re-apply for public benefits or to re-establish eligibility for benefits or services on a monthly or quarterly basis. While these processes are part of

any complex system of care, they increase the difficulty of accessing and maintaining care. For some persons seeking HIV services, these processes are barriers.

Culturally Responsive Services

In a region as culturally diverse as California, it is vital that providers offer services that respond to the specific cultural needs and backgrounds of their service populations. A lack of service providers who reflect or understand the ethnic, cultural, or lifestyle background of the individuals they serve, or who do not have staff available who speak a client's language, can result in miscommunication, misunderstanding, or a lack of trust between provider and patient. The lack of culturally responsive services can contribute to the hesitance on the part of some people living with HIV to seek services or support. In California, ensuring linguistic competence increasingly means not only providing services in English and Spanish, but also translation for the hearing impaired and for individuals who speak other languages, including the more than 100 Asian dialects and languages spoken in California.

This category encompasses significant gaps and disparities facing the HIV care system. In some parts of the state, services tailored to the needs of specific groups such as communities of color, women, transgender people, and young people are not available. There is sometimes an absence or shortage of service staff who relate to and understand the particular lifestyles, needs, or cultural backgrounds of their HIV-infected patients. Lack of culturally appropriate care can increase patients' reluctance to visit providers or to disclose personal information and can lead to inappropriate or substandard service and support. It is, therefore, important that HIV providers strive to understand and respond appropriately to the varying needs of diverse populations.

Data Collection, Evaluation, and Outcomes Tracking

Many believe problems with data reporting and a lack of effective evaluation of care services and client outcomes are serious issues for care providers. These issues can prevent care providers from identifying successes, disseminating successful models, accurately demonstrating need, and being fully accountable to funders. Coordinated data collection, program evaluation, and targeted research can help identify emerging issues, identify service gaps and disparities, maintain quality care, and improve client outcomes.

Data collection, in particular, has become a barrier to effective evaluation and program accountability. This task is especially cumbersome for agencies with multiple funding sources. HIV service providers are often forced to collect and report data into multiple reporting systems because each of their programs has different reporting requirements and a different reporting system. Duplicative reporting requires significant staff time and is especially difficult in times of shrinking budgets and increasing demand for services.

Agencies could benefit more from the data collected and reported if they had the resources and the training to produce reports, analyze data and evaluate services effectively. For example, many required reporting systems do not have simple mechanisms for querying the database and generating custom reports. Additionally,

program reporting systems are often not linked together at the provider level, making it particularly difficult for an agency to get a complete picture of the services a client receives.

In addition to better program evaluation and accountability, with the appropriate reporting systems in place, service providers can better manage the quality of their care, maintaining, improving, or revising services in response to client needs and to changes in the standards of HIV care. Increasingly, an agency must be able to demonstrate an ability to effectively evaluate their program services and to ensure quality management activities in order to secure and retain funding.

Integration of Care

The quality, scope, and coordination of care for PLWH/A in California is affected by the ability of providers to plan and develop collaborative, multidisciplinary approaches to HIV service and care, especially in light of the changing, complex needs of those affected by the epidemic. Opportunities and incentives must be developed for increased interaction and service integration among providers and consumers, RWCA grantees, HIV/AIDS and non-HIV/AIDS-specific agencies, local and regional health jurisdictions, medical and psychosocial providers, public and private funders, private and governmental bodies, local and national agencies, rural and urban providers, and local and regional consortia and planning groups. Infrastructure support should be provided for coordination. Agency mergers and collaborations should be supported by planners, funders, and policy makers.

Provider Knowledge and Experience

It is critical that HIV service systems be able to provide access to medical specialists and psychosocial providers who are trained and experienced in providing HIV care. Access to such care can sometimes mean the difference between an individual receiving adequate or inadequate care.

Quality Management

The effectiveness or appropriateness of HIV services can sometimes be compromised where there are no quality measures to assess whether or not services are being provided according to established standards of care, or if they are being provided in a manner that is appropriate to each individual's condition. Disparities in service can also occur if there are no systems to ensure comparable service quality or availability across regional systems of care. Data collection and analysis is needed to support quality management, including electronic medical records, and systems to minimize medical errors. Information technology is available to improve quality of services for PLWH/A and should be funded and incorporated into best practices.

Staff Turnover

Many HIV service organizations have problems in retaining staff members over long periods of time and in rapidly filling key positions. Staff turnover disrupts trusting relationships developed over time between clients and staff members and creates ongoing training needs. Factors contributing to this problem can include low pay, long

hours, the emotionally draining nature of the work, job instability caused by a lack of multi-year funding commitments, and competition in certain professional fields such as nursing and social work.

SECTION 3: CALIFORNIA'S VISION FOR HIV CARE AND TREATMENT

California's success in meeting and overcoming the many challenges of providing services to the myriad populations requiring HIV care and treatment throughout the state has led to a series of comprehensive care systems that meet many of the basic fundamental health and psychosocial needs of persons living with HIV/AIDS in our state. Community-based organizations and local health departments form the backbone of the service delivery system, supported by a strong local planning and advocacy component. California has made significant progress in ensuring that access to basic medical services and medications are available to all Californians who request them, and that basic medical services are linked to a network of supportive services that help meet the physical, emotional, and practical needs of people living with HIV/AIDS. We have also ensured greater access to services for a wider range of emerging populations, and have successfully expanded outreach that has brought new individuals and families into treatment earlier.

California's continuum of care for PLWH/A should remain intact, but provided with adequate funding and additional linkages to continue to provide medical and supportive services.

The vision for providing care, treatment, and prevention services to PLWH/A in California has not been revised since initially created for the 2003 Comprehensive Plan for HIV/AIDS Services in California.

Vision Statement

HIV infection is a critical problem for California, and must be addressed on a broad societal basis. All people living in California should understand HIV risk, know their HIV status, and have access to appropriate, quality HIV services, if needed. Understanding HIV risk means that all Californians are aware of how HIV is transmitted, know how to prevent infection to themselves and others, and understand whether they are at risk for HIV. Having access to appropriate, quality HIV services means that all persons with HIV/AIDS are able to obtain high quality, comprehensive, and, wherever possible, peer-based services that address all health and human service needs stemming from their HIV infection.

While our over-arching vision encompasses all persons residing in California, including those not infected with HIV, this Comprehensive Plan focuses on improving the quality and availability of HIV-specific care and treatment services for PLWH/A in California.

Guiding Principles

- All people with HIV must have full access to HIV care, treatment, support, and prevention for positives services that improve health outcomes, eliminate health disparities, enhance quality of life, and stop HIV transmission.

- All people with HIV must have full access to HIV prevention services to help arrest the transmission of HIV.

- The care system is enhanced through the significant involvement of people with HIV in the planning, implementation, management, and evaluation of the HIV care system.

- Outreach to people with HIV who are not in care, and to underserved communities, is a critical element of the HIV service system.

- Collaboration among entities and coordination among public and private resources are essential to planning, developing, funding, managing, and evaluating a comprehensive, sustainable system of HIV care and support services.

SECTION 4: CALIFORNIA'S GOALS FOR ACHIEVING THE VISION FOR CARE AND TREATMENT

The HIV Care Branch and ADAP Section developed short- and long-term goals to further their efforts to meet the vision for care and treatment services, as well as meeting HRSA's principles and expectations for administration and oversight of RWCA Title II-funded programs.

The goals and objectives are as follows:

Short-Term (Annual) Goals and Objectives for Care and Treatment

AIDS Drug Assistance Program
Service Goal Statement: To ensure access to existing and emerging HIV/AIDS treatments.

Objective/s	Service Unit Definition	Quantity		Time Frame
		Number of People to be Served	Total number of Service Units to be Provided	
1. Provide all drugs within the PHS Guidelines for the treatment of HIV and prevention of opportunistic infections.	Uninterrupted ADAP client access to a multi-drug formulary.	31,586	154 drugs on the formulary. 36.78 average number of drugs per client. 31.22 average number of prescriptions per client.	April 1 2006-March 31, 2007.

The Bridge Project
Service Goal Statement: To increase and maintain the number of HIV-positive persons of color who are referred to and enrolled in comprehensive HIV care, treatment and prevention services.

Objective/s	Service Unit Definition	Quantity		Time Frame
		Number of People to be Served	Total number of Service Units to be Provided	
1. Assist newly identified clients to engage in appropriate HIV care, treatment and prevention services.	1 client contact	526	2,630	April 1 2006-March 31, 2007.
2. Assist marginally engaged clients to re-engage in appropriate HIV care, treatment and prevention services.	1 client contact	304	1,520	April 1 2006-March 31, 2007.

CARE/HIPP
Service Goal Statement: To provide insurance premiums for HIV disabled persons to insure continued medical coverage and to preserve ADAP monies through savings on medications provided by private insurance.

Objectives	Service Unit Definition	Quantity		Time Frame
		Number of People Served	Total number of Service Units to be Provided	
1. To provide insurance premium payments to persons disabled due to HIV who are in danger of losing medical coverage.	# of persons served.	650	Average of 16.77 mo per person	April 1 2006-March 31, 2007.

Short-Term (Annual) Goals and Objectives for Care and Treatment

AIDS Case Management Program (CMP)				
Service Goal Statement: Continue to provide intensive nurse/social work case management to clients and improve quality of services.				
Objectives	**Service Unit Definition**	Quantity		**Time Frame**
		Number of People to be Served	Total number of Service Units to be Provided	
1. Provide continuous face-to-face case management contacts with CMP clients.	Six face-to-face contacts during fiscal year.	483	2898	April 1 2006- March 31, 2007.
2. Provide continuous face-to-face case management contacts with women, infants, children and youth (WICY) served statewide.	Six face-to-face contacts during fiscal year.	123	738	April 1 2006- March 31, 2007.

Care Services Program - Consortia				
Service Goal Statement: To ensure PLWH/A have access to ongoing health care and supportive services in order to improve their health status and quality of life.				
Objectives	**Service Unit Definition**	**Quantity**		**Time Frame:**
		Number of People to be Served	Total number of Service Units to be Provided	
1. To provide comprehensive, accessible and equitable health care services in accordance with the Public Health Service/s Treatment Guidelines for HIV positive individuals.	One office visit.	6,632	48,097	April 1 2006- March 31, 2007.
2. To ensure uninterrupted access to life-saving medications necessary to effectively treat HIV disease for eligible PLWH/A.	One script filled	1,900	1,900	April 1 2006- March 31, 2007.
3. To provide substance abuse treatment to eligible PLWH/A to address chemical dependency in an effort to improve their quality of life and to enhance their capacity to adhere to HIV treatment regimens.	Outpatient (one visit – group or individual) Inpatient (short term)	36	486	April 1 2006- March 31, 2007.
4. To provide quality oral health care to eligible PLWH/A through reimbursement to qualified dentists.	One office visit	78	1,024	April 1 2006- March 31, 2007.
5. To link eligible PLWH/A with timely, coordinated and continuous access to medically-appropriate levels of health and support services through case management and ongoing assessment of client's needs and personal support systems.	One office/home visit	135	4,012	April 1 2006- March 31, 2007.

Short-Term (Annual) Goals and Objectives for Care and Treatment (cont'd)

Care Services Program - Direct Services				
Service Goal Statement: To ensure PLWH/A have access to on-going health care and supportive services in order to improve their health status and quality of life.				
Objectives	**Service Unit Definition**	**Quantity**		**Time Frame**
		Number of People to be Served	Total number of Service Units to be Provided	
1. To provide comprehensive, accessible, and equitable health care services in accordance with the Public Health Service's Treatment Guidelines for HIV positive individuals.	One office visit	861	4,461	April 1 2006- March 31, 2007.
2. To ensure uninterrupted access to life-saving medications necessary to effectively treat HIV disease for eligible PLWH/A.	One script filled	203	364	April 1 2006- March 31, 2007.
3. To provide quality mental health treatment to eligible PLWH/A to promote their mental stability and capacity to attend to health care needs related to HIV disease.	One session (group or individual)	295	959	April 1 2006- March 31, 2007.
4. To provide substance abuse treatment to eligible PLWH/A to address chemical dependency in an effort to improve their quality of life and to enhance their capacity to adhere to HIV treatment regimens.	Outpatient (one visit-group or individual) Inpatient (short term)	14	272	April 1 2006- March 31, 2007.
5. To provide quality oral health care to eligible PLWH/A through reimbursement to qualified dentists.	One office visit	249	2,357	April 1 2006- March 31, 2007.
6. To link eligible PLWH/A with timely, coordinated and continuous access to medically-appropriate levels of health and support services through case management and ongoing assessment of client's needs and personal support systems.	One office/home visit	1,693	23,729	April 1 2006- March 31, 2007.

Long-Term (Three Year) Goals and Objectives

Long-Term Goal: To ensure access to HIV/AIDS care, treatment and prevention services.	
Objective	**Performance Measure**
ADAP: Provide access to enrollment and pharmacy services throughout California. Enrollment and eligibility services are available at over 250 enrollment sites statewide and clients are able to access their HIV-related prescription medications through ADAP's network of over 3,500 pharmacies throughout California. Mail order prescription services are also available.	Maintain at least the same number of enrollment sites and pharmacies to ensure that access to HIV-related medications remains available to clients throughout California.
CMP: Ensure appropriate staff/client ratio to ensure access to proper care.	95% of contractors meet the staffing requirements.
CSP: Provide transportation services that facilitate access to primary medical care.	60% of transportation services will result in clients keeping their primary medical care appointments.
CARE/HIPP: Maintain open enrollment without restrictions throughout the grant period.	100% open enrollment without restrictions for the grant period.
Bridge: Assist newly identified clients to engage in appropriate HIV care, treatment and prevention services.	50% of Bridge clients previously out-of-care enroll in care.

Long-Term Goals and Objectives (cont'd)

Long-Term Goal: To provide quality care and treatment services to persons with HIV/AIDS.	
Objective	**Performance Measure**
ADAP: Clients in California are assured of access to all FDA-approved antiretrovirals to comply with the federal treatment guidelines and medications necessary to treat HIV-related opportunistic infections. The current formulary consists of 154 drugs and is in compliance with the federal treatment guidelines.	To the extent that it is fiscally feasible, ADAP will continue to add drugs as soon as possible after their inclusion into the federal treatment guidelines.
CMP: Client charts reflect timely and comprehensive nursing and social work reassessments	70% of charts sampled shows reassessments consistently completed every 60 days.
CSP: Case managers develop a comprehensive, individualized service plan for each client accessing CSP-funded case management services.	60% of clients receiving CSP-funded case management services will have a comprehensive, individualized service plan on record.
CARE/HIPP: Enable clients to access outpatient medical care and prescription drugs through continuing their private health insurance coverage.	600 clients will be served in Year 16.

Long-Term Goal: Enhance the system of HIV/AIDS care and treatment services to adequately respond to the epidemic.	
Objective	**Performance Measure**
1. Develop statewide case management standards.	Statewide case management standards developed.
2. Develop approaches to address the shortage of benefits counselors.	Approaches identified. Benefits counseling services increased.
3. Develop and implement mandates	80% of care-funded sites and/or

for providing prevention activities and interventions in care sites.	service agencies will implement population appropriate prevention activities as a standard practice.
Long-Term Goal: Achieve excellence in planning, management and evaluation of the HIV health programs.	
Objective	**Performance Measure**
All Programs: Implement a statewide, web-based data collection system.	A statewide, web-based data collection system implemented (ARIES) and fully operational in 75% of Title I and II-funded regions of the state.
ADAP: Provide technical assistance and regional trainings to program coordinators throughout the state to assist in evaluating program efficiency and effectiveness. In addition, continue to require Pharmacy Benefits Managers (PMB) to adhere to contractual timeframes for enrolling clients into the program.	1. All local health jurisdictions will receive at least one technical assistance phone call from their assigned staff person to address ADAP issues and provide information and guidance as necessary. 2. The PBM will conduct three regional trainings for enrollment workers to review eligibility criteria and explain the process and procedure to enroll clients into the program. 3. PBM will be 75% compliant with meeting the 24 hour time frame for enrolling eligible clients into the program once a completed application has been received.
CMP: Assure that program operating policies and standards are understood and maintained.	1. 80% of provider-requested training is provided. 2. 100% of new providers are trained within 60 days of startup.
CSP: Assure that new fiscal agents understand program operating policies and standards.	100% of new fiscal agents received program operating policy and standards training.
CARE/HIPP: Evaluate CARE/HIPP's cost effectiveness in providing health care access as compared with other publicly-funded health care.	Results should be available during the grant period (summer 2006).

SECTION 5: MONITORING AND EVALUATION

The short- and long-term goals and objectives for achieving California's vision for care and treatment will be monitored and evaluated on an ongoing basis. Performance measurements have been established and will be evaluated utilizing the data collected through ADAP data reporting system or ARIES reporting system. Program objectives not met will be evaluated and, in line with existing quality management processes, incremental changes will be made as necessary.

ARIES data collection system will provide an opportunity for collection of client-level service utilization data. These data will provide the basis by which ongoing evaluation will take place.

APPENDIX 1: RESOURCE INVENTORY

Early Intervention Section
Therapeutic Monitoring Program
Viral Load and Resistance Test Services

Counties Served	Subcontractors
Alameda	Fairmont EIP Tri City Health Center Highland Hospital/Adult Immunology Robert Scott, M.D. (Bay Area Consortium) Oakland Healthcare Center (AHF) AIDS Project East Bay (APEB) Santa Rita Jail North County Jail Summit Medical Center – AIC East Bay AIDS Center (EBAC) Berkeley Primary Care Access Clinic
Amador	Sutter Amador Hospital
Butte	Butte County Public Health – Chico Butte County Public Health - Oroville
Contra Costa	Richmond Health Center Pittsburgh Health Center Contra Costa Regional Medical Center Contra Costa Public Health Lab Center for Health Martinez Detention Facility
Fresno	Fresno County Specialty Clinic University Medical Center
Humboldt	Humboldt County Public Health Humboldt Open Door Clinic Redwoods Rural Health Center/Garberville Eureka Community Health Center Dr. Connie Basch (Mad River Hospital)
Imperial	Clinicas de Salud - Calexico Imperial County Public Health Department Clinicas de Salud del Pueblo – Brawley
Inyo	Northern Inyo Hospital
Kern	34th Street Clinic

Early Intervention Section
Therapeutic Monitoring Program
Viral Load and Resistance Test Services

Counties Served	Subcontractors
Kings	Kings County Health Department
Long Beach	Long Beach Health Department St. Mary's Outpatient Lab Pediatric/Family HIV Clinic
Los Angeles	Drew University Early Intervention Program Womenscare – AIDS Healthcare Foundation Womenscare – East Altamed H. H. Humphrey Comprehensive Health Center AIDS Healthcare Foundation – Downtown AIDS Healthcare Foundation – Westside Martin L. King/Drew Medical Center – Oasis I LAC Olive View Medical Center East Valley Community Health Center Tarzana Outpatient HIV Medical Center Northeast Valley Health Corporation El Proyecto del Barrio/Family Healthcare Clinic LAMBDA Med Group – Schrader Clinic LAC Harbor/UCLA Medical Center AltaMed/Slauson Plaza Medical Group T.H.E. Clinic Catalyst Foundation Valley Community Clinic Watts Health Foundation Children's Hospital LA, Teenage Health Center LAC High Desert Hospital LAC + USC Medical Center 5P21 AHF – Whittier AIDS Healthcare Foundation – Valley LA Co. H. Claude Hudson Comprehensive Health LAC + USC Medical Center – Maternal Child Alta Med Health Services Corporation AHF – El Monte Health Care Center AHF – Redondo Beach Healthcare Center AHF – Antelope Valley Satellite Clinic AIDS Healthcare Foundation Long Beach Comprehensive Health Center St. Mary Medical Center

Early Intervention Section
Therapeutic Monitoring Program
Viral Load and Resistance Test Services

Counties Served	Subcontractors
Madera	Madera County Public Health
Marin	HIV/AIDS Services Specialty Clinic
Mariposa	John C. Fremont Clinic
Merced	Merced County Health Department
Monterey	OPIS Clinic NIDO Clinic
Nevada	Nevada County Community Health Department
Orange	HIV Ambulatory Care Clinic Laguna Beach Community Clinic
Pasadena	Andrew Escajeda Clinic
Plumas	Plumas District Hospital (Quincy) Mercy Medical Center (Siskiyou)
Riverside	Riverside Neighborhood Center Hemet Family Care Center
Sacramento	CARES
San Benito	NIDO Clinic
San Bernardino	San Bernardino County EIP Clinical Services/Victor Valley Health Center Ontario Health Center
San Diego	Comprehensive Health Center UCSD EIP (AVRC) UCSD Owen Clinic Vista Community Clinic (Tri-City Branch) Neighborhood Healthcare North County Health Services San Ysidro Health Center

Early Intervention Section
Therapeutic Monitoring Program
Viral Load and Resistance Test Services

Counties Served	Subcontractors
	Ciaccio Memorial Clinic
	North County Health Services – Encinitas
	North County Health Services – Oceanside
	American Indian Health Center
	San Diego County Sheriff's Medical Service
	Comprehensive Health Coordinated Services
	UCSD Adolescent Medicine Clinic
San Francisco	Mission Neighborhood Health Center
	Southeast Health Center
	Haight Ashbury Medical Center
	Lyon Martin Women's Health Center
	Native American Health Center
	South of Market Health Center
	Castro-Mission Health Center
	Maxine Hall Health Center
	Tom Waddell Health Center
	STD City Clinic
	San Francisco County Jail
	Ward 86 San Francisco General Hospital
	St. Anthony's Medical Clinic
	AHF Magic Johnson's Clinic
	Housing and Urban Health Clinic
	Laguna Honda Medical Center
	Potrero Hill Health Center
San Joaquin	San Joaquin County General Hospital
	San Joaquin County Public Health Services
	Community Medical Center
San Luis Obispo	San Luis Obispo County General Hospital Lab
San Mateo	San Mateo County AIDS Program – Edison Clinic
	Willow Clinic
	North County Health Center
Santa Barbara	Santa Barbara County Public Health
	Public Health Department – Santa Maria
	Westside Neighborhood Medical Clinic

Early Intervention Section
Therapeutic Monitoring Program
Viral Load and Resistance Test Services

Counties Served	Subcontractors
Santa Clara	Moorpark Health Center Lab/PACE Clinic Correction Facility Elmwood
Santa Cruz	Santa Cruz County EIP Watsonville Health Center
Shasta	Shasta County Department of Public Health
Solano	Solano County Family Clinics – Vallejo Solano County Family Clinics - Fairfield
Sonoma	Center for HIV Prevention and Care Russian River Health Center Sonoma County Main Adult Detention Facility
Stanislaus	Stanislaus County Health Services Honor Farm Men's Jail Public Safety Center/Women's Jail Oak Valley Hospital District Golden Valley Health Centers
Tulare	Hillman Health Center
Tuolumne	Tuolumne General Hospital
Ventura	Ventura County Immunology Clinic Moorpark Family Care Center
Yolo	CommuniCare Clinics Woodland Memorial Hospital
Yuba	Yuba County Health Department

Care Services

Contractors/Subcontractors	Client Services Provided	Counties Served
Alameda Health Consortium		
	Oral Health	Alameda/Contra Costa
	Grant Administration	
Contra Costa County Public Health		
	Case Management	Alameda/Contra Costa
	Home Health-Prof Care	
	Food Bank	
	Transportation	
	Emergency Financial Assistance	
	Ambulatory/Outpatient Medical Care	
	Treatment Adherence	
	Grantee Administration	
East Bay AIDS Center/Alameda County		
	Case Management	Alameda/Contra Costa
	Ambulatory/Outpatient Medical Care	
	Treatment Adherence	
	Grantee Administration	
Family Support Services of the Bay Area		
	Respite Care	Alameda/Contra Costa
	Grantee Administration	
Stanislaus County Health Services Agency		
	Case Management	Stanislaus
	Mental Health Services	
	Psychosocial Support Services	
	Grantee Administration	
Stanislaus Community Assistance Project (SCAP)		
	Food Bank	Stanislaus
	Transportation	
	Client Advocacy	
Community Medical Center Fresno		
	Home Health-Prof Care	Fresno
	Ambulatory/Outpatient Medical Care	
Fresno County Dept. of Community Health		
	Food Bank	Fresno
	Transportation	
	Oral Health	

Care Services

Contractors/Subcontractors	Client Services Provided	Counties Served
	Substance Abuse	
	Emergency Financial Assistance	
	Health Education/Risk Reduction	
	Psychosocial Support Services	
WestCare/Fresno		
	Case Management	Fresno
	Food Bank	
	Psychosocial Support Services	
North Coast AIDS Project/Humboldt		
	Case Management	Humboldt/Del Norte
	Food Bank	
	Mental Health Services	
	Buddy/Companion Services	
	Client Advocacy	
	Health Education/Risk Reduction	
	Grantee Administration	
Open Door Community Health Center/Humboldt		
	Ambulatory/Outpatient Medical Care	Humboldt/Del Norte
Redwoods Rural Health Center/Humboldt		
	Case Management	Humboldt/Del Norte
	Food Bank	
	Oral Health	
	Ambulatory/Outpatient Medical Care	
	Grantee Administration	
St. Joseph's Home Care/Humboldt		
	Case Management	Humboldt/Del Norte
	Food Bank	
	Client Advocacy	
	Grantee Administration	
Clinicas de Salud del Pueblo/Imperial County		
	Case Management	Imperial
	Transportation	
	Ambulatory/Outpatient Medical Care	
	Drug Reimbursement	
	Grantee Administration	

Care Services

Contractors/Subcontractors	Client Services Provided	Counties Served
Imperial County Public Health Department		
	Case Management	Imperial
Inyo County Health and Human Services		
	Case Management	Inyo
	Food Bank	
	Oral Health	
	Ambulatory/Outpatient Medical Care	
	Grantee Administration	
	Transportation	
	Mental Health Services	
	Client Advocacy	
	Emergency Financial Assistance	
	Direct Housing Assistance	
John C. Fremont Healthcare		
	Case Management	Mariposa
	Food Bank	
	Ambulatory/Outpatient Medical Care	
	Grantee Administration	
	Transportation	
	Client Advocacy	
	Direct Housing Assistance	
	Treatment Adherence	
	Residential/In-home Hospice Care	
	Health Education/Risk Reduction	
Clinica Sierra Vista/Kern		
	Case Management	Kern
	Food Bank	
	Oral Health	
	Grantee Administration	
	Transportation	
	Substance Abuse Services	
	Ambulatory/Outpatient Medical Care	
Kern County Public Health		
	Case Management	Kern
	Food Bank	
	Oral Health	
	Grantee Administration	

Care Services

Contractors/Subcontractors	Client Services Provided	Counties Served
	Transportation	
	Substance Abuse Services	
	Ambulatory/Outpatient Medical Care	
	Mental Health Services	
	Drug Reimbursement	
Kings County HIV Care Program		
	Case Management	Kings
	Food Bank	
	Oral Health	
	Grantee Administration	
	Transportation	
	Emergency Financial Assistance	
	Ambulatory/Outpatient Medical Care	
	Mental Health Services	
Bienstar Human Services Inc.		
	Treatment Adherence	Los Angeles
	Psychosocial Support Services	
	Grantee Administration	
Caring for Children and Families		
	Treatment Adherence	Los Angeles
Charles R. Drew University		
	Treatment Adherence	Los Angeles
	Psychosocial Support Services	
	Grantee Administration	
City of Long Beach		
	Treatment Adherence	Los Angeles
	Grantee Administration	
Long Beach Memorial Miller Children's Hospital		
	Case Management	Los Angeles
Westside HIV Community Center		
	Treatment Adherence	Los Angeles
	Grantee Administration	
Madera Public Health		
	Case Management	Maderal
	Food Bank	

Care Services

Contractors/Subcontractors	Client Services Provided	Counties Served
	Transportation	
	Ambulatory/Outpatient Medical Care	
	Grantee Administration	
Community Care HIV/AIDS Project		
	Case Management	Lake
	Food Bank	
	Transportation	
	Grantee Administration	
Mendocino Community Health Clinic/Lake County		
	Transportation	Lake
	Client Advocacy	
Community Care HIV/AIDS Project		
	Case Management	Mendocino
Mendocino County AIDS Volunteer Network		
	Case Management	Mendocino
	Food Bank	
	Transportation	
	Client Advocacy	
Merced County Public Health Clinic		
	Case Management	Merced/Mariposa
	Food Bank	
	Transportation	
	Ambulatory/Outpatient Medical Care	
	Grantee Administration	
Mono County Health Department		
	Case Management	Mono
	Transportation	
	Ambulatory/Outpatient Medical Care	
	Grantee Administration	
	Emergency Financial Assistance	
Community Human Services Monterey		
	Mental Health Services	Monterey
	Grantee Administration	

Care Services

Contractors/Subcontractors	Client Services Provided	Counties Served
Department of Social Services		
	Home Health	Monterey
	Professional Care	
Natividad Immunology Division/NIDO		
	Emergency Financial Assistance	Monterey
	Ambulatory/Outpatient Medical Care	
Outpatient Immunology/OPIS		
	Emergency Financial Assistance	Monterey
	Ambulatory/Outpatient Medical Care	
	Oral Health	
	Mental Health	
	Treatment Adherence	
Queen of the Valley Hospital/Napa		
	Case Management	Napa
	Client Advocacy	
Community Recovery Response		
	Case Management	Nevada
	Ambulatory/Outpatient Medical Care	
	Home Health	
	Professional Care	
	Grantee Administration	
	Oral Health	
	Mental Health	
Nevada County Public Health Department		
	Case Management	Nevada
Nevada County Vendors		
	Food Bank	Nevada
	Transportation	
	Direct Housing Assistance	
Patty Cambra/Nevada County		
	Case Management	Nevada
Health Care Agency/Orange County		
	Ambulatory/Outpatient Medical Care	Orange
	Grantee Administration	

Care Services

Contractors/Subcontractors	Client Services Provided	Counties Served
AsUR Volunteer Services/Plumas		
	Buddy/Companion Services	Plumas/Sierra/Lassen/Modoc/Siskiyou
Great Northern Corp./Plumas		
	Case Management	Plumas/Sierra/Lassen/Modoc/Siskiyou
	Ambulatory/Outpatient Medical Care	
	Grantee Administration	
	Food Bank	
	Transportation	
	Direct Housing Assistance	
Lassen County Public Health/Plumas		
	Case Management	Plumas/Sierra/Lassen/Modoc/Siskiyou
	Grantee Administration	
Modoc County Public Health/Plumas		
	Case Management	Plumas/Sierra/Lassen/Modoc/Siskiyou
	Grantee Administration	
Plumas County Public Health Agency		
	Case Management	Plumas/Sierra/Lassen/Modoc/Siskiyou
	Ambulatory/Outpatient Medical Care	
	Home Health	
	Professional Care	
	Grantee Administration	
	Oral Health	
	Mental Health	
	Food Bank	
	Transportation	
	Direct Housing Assistance	
Sierra County Human Services		
	Case Management	Plumas/Sierra/Lassen/Modoc/Siskiyou
	Grantee Administration	
Center for AIDS Research/CARES		
	Ambulatory/Outpatient Medical Care	Sacramento/Alpine/El Dorado/Placer
	Grantee Administration	
San Benito County Health and Human Services		
	Ambulatory/Outpatient Medical Care	San Benito
	Oral Health	

Care Services

Contractors/Subcontractors	Client Services Provided	Counties Served
	Transportation	
	Grantee Administration	
Desert AIDS Project/Riverside County		
	Ambulatory/Outpatient Medical Care	San Bernardino/Riverside
San Bernardino County Health Clinic		
	Ambulatory/Outpatient Medical Care	San Bernardino/Riverside
	Grantee Administration	
AmeriChoice Corp.		
	Ambulatory/Outpatient Medical Care	San Diego
	Drug Reimbursement	
Baker Places, Inc. HIV Detox		
	Substance Abuse Services	San Francisco/Marin/San Mateo
	Grantee Administration	
SFDPH/SFGH General Med & Early Access		
	Ambulatory/Outpatient Medical Care	San Francisco/Marin/San Mateo
	Grantee Administration	
SFDPH/SFGH Ward 86 OP & Perinatal		
	Case Management	San Francisco/Marin/San Mateo
	Ambulatory/Outpatient Medical Care	
	Drug Reimbursement	
	Grantee Administration	
SFDPH/SFGH Pos Health Practices/WIDS		
	Ambulatory/Outpatient Medical Care	San Francisco/Marin/San Mateo
	Grantee Administration	
Community Medical Center		
	Case Management	San Joaquin
Public Health Services of San Joaquin		
	Case Management	San Joaquin
	Food Bank	
	Transportation	
San Joaquin AIDS Foundation		
	Case Management	San Joaquin

Care Services

Contractors/Subcontractors	Client Services Provided	Counties Served
San Joaquin General Hospital		
	Ambulatory/Outpatient Medical Care	San Joaquin
SLO AIDS Support Network		
	Housing Related Services	San Luis Obispo
	Food Bank	
	Transportation	
	Oral Health	
	Buddy/Companion Services	
	Client Advocacy	
	Emergency Financial Assistance	
	Health Education/Risk Reduction	
	Ambulatory/Outpatient Medical Care	
	Psychosocial Support Services	
	Grantee Administration	
AIDS Housing Santa Barbara		
	Home Health	Santa Barbara
	Professional Care	
CADA Project Recovery Santa Barbara		
	Ambulatory/Outpatient Medical Care	Santa Barbara
Pacific Pride Foundation Santa Barbara		
	Housing-related Services	Santa Barbara
	Food Bank	
	Transportation	
	Mental Health Services	
	Direct Housing Assistance	
	Grantee Administration	
Ira Greene Positive Clinic Santa Clara		
	Ambulatory/Outpatient Medical Care	Santa Clara
	Grantee Administration	
Community Bridges/Santa Cruz County		
	Food Bank	Santa Cruz
Santa Cruz AIDS Project		
	Emergency Financial Assistance	Santa Cruz
	Ambulatory/Outpatient Medical Care	
	Grantee Administration	
	Drug Reimbursement	

Care Services

Contractors/Subcontractors	Client Services Provided	Counties Served
	Client Advocacy	
	Psychosocial Support Services	
	Grantee Administration	
Sierra Health Resources (dba Sierra Hope)		
	Ambulatory/Outpatient Medical Care	Amador/Calaveras/Tuolumne
	Food Bank	
	Transportation	
	Mental Health Services	
	Client Advocate	
Claire Siverson		
	Mental Health	Solano
Community Medical Centers		
	Client Advocacy	Solano
Jim Carr		
	Client Advocacy	Solano
Napa Solano Health Project		
	Food Bank	Solano
	Client Advocacy	
	Grantee Administration	
Planned Parenthood: Shasta-Diablo		
	Transportation	Solano
	Client Advocacy	
	Grantee Administration	
Sean Longmire		
	Client Advocacy	Solano
Centro for HIV Prevention and Care		
	Ambulatory/Outpatient Medical Care	Sonoma
	Grantee Administration	
Family Services of Tulare County		
	Food Bank	Tulare
	Transportation	
	Oral Health	
	Mental Health	
	Emergency Financial Assistance	

Care Services

Contractors/Subcontractors	Client Services Provided	Counties Served
	Ambulatory/Outpatient Medical Care	
	Psychosocial Support Services	
Fresno Community Hospital UMC/Tulare Co.		
	Case Management	Tulare
Tulare County Health and Human SUV Ag		
	Case Management	Tulare
	Grantee Administration	
Communicare Health Centers United Way		
	Case Management	Butte/Colusa/Glenn/Sutter/Yolo/Yuba
	Transportation	
	Oral Health	
	Emergency Financial Assistance	
	Ambulatory/Outpatient Medical Care	
	Drug Reimbursement	
	Direct Housing Assistance	
	Grantee Administration	
Home Health Care Management		
	Case Management	Butte/Colusa/Glenn/Sutter/Yolo/Yuba
	Transportation	
	Oral Health	
	Emergency Financial Assistance	
	Ambulatory/Outpatient Medical Care	
	Drug Reimbursement	
	Direct Housing Assistance	
	Grantee Administration	
Tehama County Health Agency/United Way		
	Case Management	Butte/Colusa/Glenn/Sutter/Yolo/Yuba
	Grantee Administration	
Trinity County Health and Human Srvs United Way		
	Case Management	Butte/Colusa/Glenn/Sutter/Yolo/Yuba
	Food Bank	
	Transportation	
	Emergency Financial Assistance	
	Direct Housing Assistance	
	Grantee Administration	

Care Services

Contractors/Subcontractors	Client Services Provided	Counties Served
United Way HIV/AIDS Care Services		
	Case Management	Butte/Colusa/Glenn/Sutter/Yolo/Yuba
	Transportation	
	Ambulatory/Outpatient Medical Care	
	Drug Reimbursement	
	Grantee Administration	
Livingstone Memorial Nurse Assoc		
	N/A	Ventura
Rainbow Alliance AIDS Project		
	Case Management	Ventura
	Food Bank	
	Mental Health	
	Client Advocacy	
	Grantee Administration	
Ventura County Public Health Nursing		
	Case Management	Ventura
	Food Bank	
	Emergency Financial Assistance	
	Client Advocacy	
TCHSA Public Health Division		
	Case Management	Tehama
	Food Bank	
	Transportation	
	Emergency Financial Assistance	
	Direct Housing Assistance	

AIDS Case Management Program (CMP)

Local agencies, under contract with the Department of Health Services, Office of AIDS (OA), HIV CARE Branch, provide nurse and social work case management to eligible clients. The following identifies each of the CMP contractors, their subcontractors, the direct client services provided by the subcontractors, and the counties served by each of the CMP contractors. As of this date, not all of the CMP contractors have submitted a list of their subcontractors to OA.

Subcontractors Client Services Provided Counties Served

AIDS Healthcare Foundation

Attendant Care Los Angeles Durable Medical Equipment/Medical Supplies Homemaker Services Nutritional Supplements Psychosocial Counseling RN Skilled Nurse Care Transportation Assistance

AIDS Project Los Angeles

Attendant Care Los Angeles Housing/Utility Subsidies Pschosocial Counseling

AIDS Service Center

Client services provided by other funding sources. Los Angeles

AIDS Services Foundation Orange County

Attendant Care Orange

Alameda Ambulatory Care Services Agency

Nightingale Nursing	Food Vouchers	Alameda
	Transportation Vouchers	

AltaMed Health Services Corporation

Affinity Health Network/Sunplus	Attendant Care	Los Angeles
Alternative Home Care	Durable Medical Equipment	
Angels Care Nursing Services	Homemaker Services	
Atlantic Pharmacy	Nutritional Counseling	
Capital Home Health	Nutritional Supplements	
Eugemiano DeLaTorre, MFT	Psychosocial Counseling	
HealthQuest Home Care	Skilled Nursing	
Liberty Nursing Services, Inc.	Transportation	
Michael Stample, Ph.D, MFT		
Virginia Gonzalez, LCSW		

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Subcontractors Client Services Provided Counties Served

Bay Area Consortium for Quality Health Care, Inc.

Community Care Services Client Urgent Services/Emergency Assistance Alameda Psychosocial Counseling

California Pacific Medical Center

Attendant Care San Francisco Food/Transportation Subsidies Homemaker Services

Charles R. Drew University of Medicine and Science

Community Care Management Corporation

Adventist Health Home Care/Hospice-Mendocino Co.	Alternative Therapies	Mendocino/Lake
Adventist Health Redbud Community Hospital	Attendant Care	
Menodino County AIDS Volunteer Network	DME	
Pcific Medical Resources-Mendocino Nursing/Caregivers	Food	
Sherrell, Tim, LCSW	Homemaker Services	
Sutter Lakeside Hospital Home Medical Services	Housing	
	Nutritional Supplements	
	Nutritionist	
	Pschosocial Counseling	
	Skilled Nursing	
	Transportation	

Continuum HIV Day Services

Attendant Care/Homemaker Services Los Angeles Food Vouchers Psychosocial Counseling

Attendant Care San Francisco Food Housing Subsidies Transportation Subsidies

Contra Costa County Health Services Department Public Health

AccentCare Client services provided by other funding sources. Contra Costa Credentia Corporation Maxim Healthcare Services, Inc. Nightingale of Contra Costa

AIDS Case Management Program (CMP)

Local agencies, under contract with the Department of Health Services, Office of AIDS (OA), HIV CARE Branch, provide nurse and social work case management to eligible clients. The following identifies each of the CMP contractors, their subcontractors, the direct client services provided by the subcontractors, and the counties served by each of the CMP contractors. As of this date, not all of the CMP contractors have submitted a list of their subcontractors to OA.

Subcontractors	Client Services Provided	Counties Served
Desert AIDS Project		
A+ Home Health Care	Attendant Care	Riverside/San Bernardino
AccentCare	Homemaker Care	
Bill Rideout, MFT	Psychological Counseling	
Coachella Valley Health Personnel	Skilled Care RN/LVN	
Core/Core Extensions		
Desert Valley Professional Nurse Registry		
Jane Zaun, RN, MFT		

Face to Face, Sonoma County AIDS Network

Attendant Care Sonoma Homemaker Services

Fresno Community Hospital and Medical Center dba University Medical Center

Attendant Care Fresno DME Food/Nutritional Supplements Homemaker Services Psychosocial Counseling Utilities/Rent

Health Trust (The), dba Health Connections Case Management Services

Attendant Care Santa Clara Food Homemaker Care

Home Health Care Management, Inc.		
	Food Subsidies/Nutritional Supplements Transportation	Butte/Glenn/Colusa/Shasta/Sutter/ Tehama/Trinity/Yuba
Hospice Care Services dba Hospice of Marin Arcadia Health Care	Attendant Care	Marin
Heart of Humanity Health Services	Social Worker Subcontract	
	Subcontract for Volunteers	

AIDS Case Management Program (CMP)

Local agencies, under contract with the Department of Health Services, Office of AIDS (OA), HIV CARE Branch, provide nurse and social work case management to eligible clients. The following identifies each of the CMP contractors, their subcontractors, the direct client services provided by the subcontractors, and the counties served by each of the CMP contractors. As of this date, not all of the CMP contractors have submitted a list of their subcontractors to OA.

Subcontractors Client Services Provided Counties Served

Imperial County Public Health Department

Food Vouchers Imperial Homemaker Services In-Home Skilled Nursing Social Work Case Manager Transportation Subsidies

Inland AIDS Project

Attendant Care Riverside/San Bernardino Homemaker Services RN Skilled Nursing

Kern County Department of Public Health

Attendant Care Kern Food Vouchers/Nutritional Supplements Gleaners/Food Bank Incontinence Medical Supplies Transportation

Kings County Department of Public Health Services

Attendant Care Kings Skilled Nursing

Minority AIDS Project

Client services provided by other funding sources. Los Angeles

Monterey County Department of Social Services

Client services provided by other funding sources. Monterey/San Benito

AIDS Case Management Program (CMP)

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Subcontractors Client Services Provided Counties Served

North County Health Services

Attendant Care San Diego Durable Medical Equipment Emergency Medications Food Subsidy Home Delivered Meals Home Making Hospice Care Housing Subsidy Incidentals/Miscellaneous Items Nutritional Supplements Physical Adaptions to the Home Psychosocial Counseling Skilled Nursing-LVN Skilled Nursing-RN Transportation Utilities and Telephone

Pacific Pride Foundation

Attendant Care Santa Barbara Food Subsidies Homemaker Services Housing

Plumas County Public Health Agency

Great Northern Corporation Lassen County PHN CM Lassen County Public Health Michael Gunter, MFT Plumas and Lassen County SW CM Siskiyou County PHN CM Siskiyou County Public Health Siskiyou County SW CM

Attendant CareLassen/Modoc/Plumas/Sierra/Siski you

Food Vouchers/Nutritional Supplements

Homemaker Services

Housing Subsidies

In Home Skilled Nurse

Psychosocial Counseling

Subcontract: Great Northern Corporation

Subcontract: Gunter

Subcontract: Lassen County

Subcontract: Siskiyou County

Trasportation Subsidies

AIDS Case Management Program (CMP)

Local agencies, under contract with the Department of Health Services, Office of AIDS (OA), HIV CARE Branch, provide nurse and social work case management to eligible clients. The following identifies each of the CMP contractors, their subcontractors, the direct client services provided by the subcontractors, and the counties served by each of the CMP contractors. As of this date, not all of the CMP contractors have submitted a list of their subcontractors to OA.

Subcontractors Client Services Provided Counties Served

Queen of the Valley Hospital, CARE Network

St. Joseph Home Care Network Client services provided by other funding sources. Napa Your Home…Nursing Services

RX Staffing and Home Care, Inc.		
Bruce Gunn, MFT	Attendant Care	Sacramento/Yolo
CFCC	Food Subsidies	
Elliott's Natural Foods	Housekeeping	
Embrace Life	Psychosocial Counseling	
Gentiva Health Services	Registery Nurses	
Herbal Life	Rental/Utility Assistance	
Woodland Nutrition	Transportation Subsidies	

San Diego Hospice & Palliative Care		
ADDUS	Attendant Care	San Diego
At Your Family Care	Homemaker Services	
Christopher Mercier, MFT	Pschosocial Counseling	
HELP	Skilled Nursing	
Joseph Jeffers, MFT	Transportation	
Lifeline		
Link to Life		

Marinel Weaver, LCSW

Mary McGinn Clark, MFT

Metro TDB

Professional Medical Supply

SDHPC

Sheild Healthcare

Shell

San Joaquin County Public Health Services		
Arcadia Health Services	Attendant Care	San Joaquin
Gentiva Health Services	Durable Medical Equipment	
Holistic Approach	Food/Nutritional Supplements	
St. Joseph's Community Home Care	Housing and Utilities	
	Non-Emergency medical transportation	
	RN Skilled Nursing	

AIDS Case Management Program (CMP)

Local agencies, under contract with the Department of Health Services, Office of AIDS (OA), HIV CARE Branch, provide nurse and social work case management to eligible clients. The following identifies each of the CMP contractors, their subcontractors, the direct client services provided by the subcontractors, and the counties served by each of the CMP contractors. As of this date, not all of the CMP contractors have submitted a list of their subcontractors to OA.

Subcontractors Client Services Provided Counties Served

San Luis Obispo County Public Health Department

Durable Medical Equipment San Luis Obispo Food/Nutritional Supplements Transportation

San Mateo County Health Services Agency

Addus Healthcare Attendant Care San Mateo American CareQuest Skilled Nursing Care Medical Care Professionals Home Health Agency Nurse Providers Home Health Agency Nursing Resources Rainbow Home Care Services Home Health Agency

Santa Cruz County Health Services Agency

Andrew Purchin, LCSW Anita Whelan, MFT Carmen Berteaus, MFT Carol Beatty, LCSW David L. Beckstein, LMFT Diane Cohan, MA, MFT Erin O'Shaughnessy, MFT Heartland Home Health Care and Hospice Hospice Caring Project of Santa Cruz County Jenny Silber-Butah, LMFCC Katherine McCleary, MFT Lydia Hanich, MFT Mariabruna Sirabella, MFT Mischa Eovaldi, LCSW Rosa Kitchen, MFT Sally Blumenthal-McGannon, MFT Santa Cruz AIDS Project Sharon Parker, MFT Victorian Care Providers Attendant Care Santa Cruz Homemaker Services Psychosocial Counseling Skilled Nursing

AIDS Case Management Program (CMP)

Local agencies, under contract with the Department of Health Services, Office of AIDS (OA), HIV CARE Branch, provide nurse and social work case management to eligible clients. The following identifies each of the CMP contractors, their subcontractors, the direct client services provided by the subcontractors, and the counties served by each of the CMP contractors. As of this date, not all of the CMP contractors have submitted a list of their subcontractors to OA.

Subcontractors Client Services Provided Counties Served

Sierra Foothills AIDS Foundation

Attendant Care Nevada/El Dorado/Placer Food Vouchers/Nutritional Supplements Medical Supplies Psychosocial Counseling Transportation

Sierra Health Resources, Inc.

Counseling Homemaker Services In-Home Attendant Care Medical Supplies and Equipment Nutritional Supplements Transportation Vouchers

Alternative Therapies

Amador/Calaveras/Tuolumne

In-Home Care

Transportation Subsidies

Solano County Health and Social Services

Your Home Nursing Services

Food Vouchers/Nutrition Supplements Solano

St. Joseph Home Care Network – Humboldt County

DME Humboldt/Del Norte Home Health Aide In-Home Skilled Nursing Medications/Prescriptions Psychosocial Counseling Room and Board Subsidies

AIDS Case Management Program (CMP)

Local agencies, under contract with the Department of Health Services, Office of AIDS (OA), HIV CARE Branch, provide nurse and social work case management to eligible clients. The following identifies each of the CMP contractors, their subcontractors, the direct client services provided by the subcontractors, and the counties served by each of the CMP contractors. As of this date, not all of the CMP contractors have submitted a list of their subcontractors to OA.

Subcontractors	Client Services Provided	Counties Served
St. Mary Medical Center		
Accent Care	Attendant Care	Los Angeles
Alternative Home Care	Homemaker Services	
Beatrice Patlan, Psy.D, LCSW	Psychosocial Counseling	
Cambrian Homecare		
Cindy Kludt, MFT		
Deneve David. LCSW		
Erik Schott, LCSW		
Interim Healthcare, Inc.		
Kara Klein, LCSW		
Kevin Kilbane, MFT		
Maryanne Sawoski dba Continuity Care Home Nurses		
Michael Nava, LCSW		
Michelle Martin, LCSW, CADC, CEAP		
Peter Canavan, MFT		
Sun Health Care Group dba Sun Plus Home Care		
Stanislaus County Health Services Agency		
	Attendant Care	Stanislaus
	Food Vouchers/Nutritional Supplements	

Housing Subsidies

Psychosocial Counseling

Skilled Nursing

Tarzana Treatment Centers

Client Transportation Los Angeles Food Medical Supplies Psychosocial Counseling

Tulare County Health and Human Services Agency

Family Services of Tulare County Attendant Care Tulare Kaweah Delta Private Home Care Homemaker Services

Skilled Nursing

AIDS Case Management Program (CMP)

Local agencies, under contract with the Department of Health Services, Office of AIDS (OA), HIV CARE Branch, provide nurse and social work case management to eligible clients. The following identifies each of the CMP contractors, their subcontractors, the direct client services provided by the subcontractors, and the counties served by each of the CMP contractors. As of this date, not all of the CMP contractors have submitted a list of their subcontractors to OA.

Subcontractors Client Services Provided Counties Served

Ventura County Public Health Department		
Assisted Home Recovery	Attendant Care	Ventura
Barbara Morris, Psy.D.	Food/Nutritional Supplements	
Gold Coast Caregivers		
Livingston Memorial VNA		
Romaine Petersen, Ph.D., MFT		
Ron Bale, Ph.D.,		
Staff Assistance, Inc.		
Ventura County Medical Center Immunology Clinic		
Westside Community Mental Health Center, Inc.		
Arcadia Staff Resources	Client and Medical Supplies	San Francisco
Assisted Care by the Bay	Transportation Assistance	

Early Intervention Section
Early Intervention Program

Counties Served	Subcontractors
Alameda	Fairmont Hospital Bay Area Consortium for Quality Care SisterCare Center
Butte/Glenn/Shasta/Tehama/Trinity	Butte County Public Health Department
Contra Costa	Contra Costa Public Health AIDS Program
Fresno	Fresno County Human Services System Department of Community Health
Humboldt/Del Norte	North Coast AIDS Project
Imperial	Imperial County Public Health Department
Kern	Kern County Department of Public Health
Kings	Kings County Department of Public Health
Long Beach	Department of Health and Human Services
Los Angeles	Charles R. Drew University Hubert H. Humphrey Comprehensive Health Center/Main Street Clinic WomensCare Center WomensCare Center - East
Madera/Mariposa/Merced	Madera County Public Health Department
Monterey	NIDO Clinic
Orange	Orange County HCA/Public Health/HAS
Plumas/Lassen/Modoc/Sierra/Siskiyou	Plumas County Public Health Agency
Riverside	Riverside County Department of Health
Sacramento	Center for AIDS Research, Education, and Services
San Bernardino	San Bernardino County Department of Public Health
San Diego	Anti-viral Research Center/University of California, San Diego

Early Intervention Section
Early Intervention Program

Counties Served	Subcontractors
San Francisco	Mission Neighborhood Health Center La Clinica Esperanza Southeast Health Clinic
San Joaquin	San Joaquin County Department of Public Health Services
San Luis Obispo	AIDS Support Network
San Mateo	San Mateo County AIDS Program
Santa Barbara	Pacific Pride Foundation
Santa Clara	Ira Greene Positive Pace Clinic
Santa Cruz	Santa Cruz County Health Services Agency
Sonoma	Sonoma County Department of Health Services
Stanislaus	Stanislaus County Department Health Services Agency Public Health Division/Communicable Diseases
Tulare	Tulare County Health and Human Services Agency Hillman Health Center
Tuolumne	Tuolumne General Hospital
Ventura	Ventura County Department of Public Health

Housing Opportunity for Persons with AIDS (HOPWA)
HOPWA Funded Services 2005-06

Contractors/Subcontractors	Client Services Provided	Counties Served
Community Care Management Corporation		
	Short-Term Rent	Lake County
	Case Management	
Doctors Medical Center Foundation		
	Administration	Stanislaus
Stanislaus Community Assistance Project	Short- and Long-Term Rent Assistance	Stanislaus
	Residential Facility Operating Costs	
	Housing Information Services	
	Housing Placement	
	Transportation	
Fresno County (may include state funds)		
	Short-Term Rent	Fresno
	Housing Information Service	
	Case Management	
	Housing Placement	
	Administration	
Humboldt County (Fiscal Agent)		
	Administration	Humboldt and Del Norte
North Coast AIDS Project (NORCAP)	Short-Term Rent	Humboldt and Del Norte
	Food	
	Housing Placement	
	Transportation	
Redwoods Rural Health Center	Short-Term Rent	Humboldt and Del Norte
	Food	
	Housing Placement	
	Transportation	
St. Joseph's Home Care – Humboldt Co.	Short-Term Rent	Humboldt and Del Norte
	Food	
	Housing Placement	
	Transportation	
	Mental Health	

Housing Opportunity for Persons with AIDS (HOPWA)
HOPWA Funded Services 2005-06

Contractors/Subcontractors	Client Services Provided	Counties Served
Imperial Valley Housing Authority		
	Administration	Imperial
	Short-Term Rent	
John XXIII AIDS Ministry		
	Short- and Long-Term Rental Assistance	Monterey
	Permanent Housing Placement	
	Residential Facility Operating	
	Case Management	
	Housing Information Services	
	Resource Identification	
	Transportation	
Kern County		
	Administration	Kern
Clinica Sierra Vista-Lifeline Project	Short-Term Rent Assistance	Kern
	Permanent Housing Placement	
	Housing Information Services	
	Case Management	
	Food	
Kern County Health Department – EIP/CMP	Short-Term Rent Assistance	Kern
	Permanent Housing Placement	
	Housing Information Services	
	Case Management	
	Food	
	Transportation	
Independent Living Center of Kern Co.	Short- and Long-Term Rent Assistance	Kern
	Housing Information Services	
Kings County		
	Short-Term Rent Assistance	Kings
	Housing Information Services	
	Resource Identification	
	Food	
	Permanent Housing Placement	

Housing Opportunity for Persons with AIDS (HOPWA)
HOPWA Funded Services 2005-06

Contractors/Subcontractors	Client Services Provided	Counties Served
Madera County (includes Mariposa)		
	Administration	Madera
Madera County Community Action Agency	Short-Term Rental Assistance	Madera
Mendocino County AIDS Volunteer Network		
	Administration	Mendocino
	Short-Term Rent Assistance	
Merced County		
	Administration	Merced
	Short-Term Rent Assistance	
Napa County		
	Administration	Napa
HIV Network Queen of the Valley Hospital	Short-Term Rent Assistance	Napa
	Food	
	Mental Health	
	Permanent Housing Placement	
Nevada County		
	Administration	Nevada
Community Recovery Resources (CoRR)	Short-Term Rent Assistance	Nevada
	Permanent Housing	
Plumas County		
	Administration	Plumas, Sierra
	Short-Term Rent Assistance	
Great Northern Corporation	Short-Term Rent Assistnace	Lassen, Modoc, Siskiyou
San Joaquin County		
	Administration	San Joaquin
	Housing Information Services	
	Case Management/Benefits Counseling	
	Drug/Alcohol Treatment	
	Transportation	

Housing Opportunity for Persons with AIDS (HOPWA)
HOPWA Funded Services 2005-06

Contractors/Subcontractors	Client Services Provided	Counties Served
Stockton Shelter for the Homeless	Short-Term Rent Residential Facility Operating	
San Luis Obispo County		
	Administration	San Luis Obispo
San Luis Obispo County AIDS Support Network	Short- and Long-Term Rent Assistance Residential Facility Operating Housing Information Services Resource Identification Permanent Housing Placement	San Luis Obispo
Santa Barbara County		
	Administration	Santa Barbara
AIDS Housing Santa Barbara	Short-Term Rent Assistance Housing Information Services Facility Operating/Support Services Permanent Housing Placement	Santa Barbara
Pacific Pride Foundation	Short-Term Rent Assistance	Santa Barbara
Santa Cruz County		
	Administration	Santa Cruz
Santa Cruz County AIDS Project	Short-Term Rent Assistance Residential Facility Operating Resource Identification Case Management Permanent Housing Placement	Santa Cruz
Community Action Board	Permanent Housing Placement	Santa Cruz
Sierra Health Resources		
	Administration Case Management Permanent Housing Placement Short-Term Rent Assistance	Amador, Calaveras and Tuolumne

Housing Opportunity for Persons with AIDS (HOPWA)
HOPWA Funded Services 2005-06

Contractors/Subcontractors	Client Services Provided	Counties Served
Solano County (may include state funds)		
	Administration	Solano
Napa Solano Health Project	Short- and Long-Term Rent Assistance	Solano
	Housing Information Services	
	Case Management	
	Food	
	Drug/Alcohol Treatment	
	Permanent Housing Placement	
Sonoma County		
	Administration	Sonoma
Face to Face/Sonoma AIDS Support Network	Residential Facility Operations	Sonoma
	Housing Information Services	
	Case Management	
Food for Thought	Short-Term Rent Assistance	
	Permanent Housing Placement	
Tehama County (Health Services Agency)		
	Administration	Tehama
	Short-Term Rent Assistance	
Tulare County		
	Administration	Tulare
Family Services of Tulare County	Short-Term Rent Assistance	Tulare
	Housing Information Services	
	Permanent Housing Placement	
United Way of Butte and Glenn Counties		
	Administration	Butte, Glenn, Colusa
Tri County Health and Human Services	Short-Term Rent Assistance	Shasta, Trinity, Yuba, and Sutter
	Case Management	
	Permanent Housing Placement	

Housing Opportunity for Persons with AIDS (HOPWA)
HOPWA Funded Services 2005-06

Contractors/Subcontractors	Client Services Provided	Counties Served
Caring Choices (Home Health Care Mgmt.)	Short-Term Rent Assistance Case Management Permanent Housing Placement	Shasta, Trinity, Yuba, and Sutter
HIV/AIDS Service Project (United Way)	Short-Term Rent Assistance Case Management Permanent Housing Placement	Shasta, Trinity, Yuba, and Sutter
Ventura County		
	Administration	Ventura
AIDS Project Ventura Co. (Rainbow Alliance)	Short-Term Rent Assistance Resource Identification Case Management Permanent Housing Placement	Ventura
Ventura Co. Public Health Ed. Services	Long-Term Rent Assistance	Ventura
Ventura County Public Health	Short-Term Rent Assistance Case Management Permanent Housing Placement	Ventura

CALIFORNIA ENROLLMENT SITES

SITE	SITE NAME	ADDRESS	CITY	ST	ZIP	PHONE	LHJURIS
	ACTIVE SITES	238					
	Alameda	15					
0101	FAIRMONT HOSPITAL	15400 FOOTHILL BLVD	SAN LEANDRO	CA	94578	510-667-3937	Alameda
0102	HIGHLAND HOSPITAL	1411 E. 31ST STREET	OAKLAND	CA	94602	510-437-4355	Alameda
0103	SANTA RITA JAIL	5325 BRODER BLVD	DUBLIN	CA	94568	510-551-6748	Alameda
0104	TRI-CITY HEALTH CENTER	2299 MOWRY AVE, SUITE 3B	FREMONT	CA	94538	510-713-6685	Alameda
0105	TRI-CITY HEALTH CENTER-VALLEY AIDS PROJECT	4341 RAILROAD AVE	PLEASANTON	CA	94566	925-485-3260	Alameda
0106	AIDS PROJECT EAST BAY	1755 BROADWAY, 2ND FLOOR	OAKLAND	CA	94612	510-663-7979	Alameda
0107	SUMMIT MED. CENTER	ADULT IMMUNOLOGY CLINIC	OAKLAND	CA	94609	510-869-6514	Alameda
0108	KAISER-OAKLAND	280 W. MAC ARTHUR BLVD	OAKLAND	CA	94611	510-752-6344	Alameda
0112	KAISER - HAYWARD	27400 HESPERIAN BLVD.	HAYWARD	CA	94545	510-784-4829	Alameda
0113	LA CLINICA DE LA RAZA	1515 FRUITVALE AVE	OAKLAND	CA	94601	510-535-4000	Alameda
0115	TRI-CITY HAYWARD	770 "A" STREET	HAYWARD	CA	94541	510-727-9233	Alameda
0118	AIDS MINORITY HEALTH INITIATIVE	1440 BROADWAY STE 209	OAKLAND	CA	94612	510-763-1872	Alameda
0120	AIDS HEALTH CARE FOUNDATION	411 30TH ST, SUITE 200	Oakland	CA	94609	510-628-0949	Alameda
0121	AIDS ALLIANCE "THE CENTER"	5720 SHATTUCK AVENUE	OAKLAND	CA	94609	510-655-3435	Alameda
0199	TEST SITE	4324	DUBLIN	CA	94568		Alameda
	Amador	1					
0301	AMADOR COUNTY	PO BOX 159	ANGELS CAMP	CA	95222	209-736-6792	Amador
	Butte	3					
0401	BUTTE COUNTY PUBLIC HEALTH DEPT	695 OLEANDER	CHICO	CA	95973	530-895-6565	Butte
0403	BUTTE COUNTY PUBLIC HEALTH DEPARTMENT	202 MIRA LOMA DR	OROVILLE	CA	95965	530-538-6109	Butte
0405	HOME HEALTH CARE MANAGEMENT,INC	1398 RIDGEWOOD DRIVE	RICHARDSON SPRINGS	CA	95973	530-343-0727	Butte
	Calaveras	1					
0501	SIERRA HEALTH RESOURCES	P.O. BOX 159	ANGELS CAMP	CA	95222	209-736-6792	Calaveras
	Colusa	2					
0601	BUTTE COUNTY PUBLIC HEALTH DEPARTMENT	202 MIRA LOMA DRIVE	OROVILLE	CA	95965	530-538-6220	Colusa
0602	HOME HEALTH CARE MANAGEMENT, INC	1018 LIVE OAK BLVD, STE C	YUBA CITY	CA	95991	530-673-4657	Colusa
	Contra Costa	3					
0701	CONTRA COSTA COUNTY HEALTH SERVICES	597 CENTER AVE. #200	MARTINEZ	CA	94553	925-313-6771	Contra Costa
0718	MARTINEZ DETENTION FACILITY	1000 WARD ST	Martinez	CA	94553	925-646-1642	Contra Costa
0719	WEST CO. DETENTION FACILITY PHARMACY	5555 GIANT HWY	San Pablo	CA	94806	510-262-4378	Contra Costa
	Del Norte	3					
0802	DEL NORTE COMMUNITY HEALTH CENTER	200 "A" STREET	CRESCENT CITY	CA	95531	707-465-6925	Del Norte
0803	DEL NORTE COUNTY HEALTH & SOCIAL SERVICES	880 NORTHCREST	Crescent City	CA	95531	707-464-3191	Del Norte
0804	DEL NORTE AREA RED CROSS	1672 NORTHCREST DRIVE	CRESCENT CITY	CA	95531	707-464-2277	Del Norte
	El Dorado	2					
0901	SIERRA FOOTHILLS AIDS FOUNDATION	419 MAIN STREET STE 308	PLACERVILLE	CA	95667	530-622-1923	El Dorado
0902	SIERRA FOOTHILLS AIDS FOUNDATION	PO BOX 14003	SOUTH LAKE TAHOE	CA	96150	916-573-3027	El Dorado
	Fresno	2					
1001	FRESNO CITY HEALTH SERVICE AGENCY	P.O.BOX 11867	FRESNO	CA	93775	559-445-3434	Fresno
1002	UNIVERSITY MEDICAL CENTER-SPECIAL SERVICES	455 S.CEDAR AVE	FRESNO	CA	93702	559-459-5701	Fresno
	Glenn	2					
1101	BUTTE COUNTY PUBLIC HEALTH DEPARTMENT	202 MIRA LOMA DRIVE	OROVILLE	CA	95965	530-538-6220	Glenn
1102	HOME HEALTH CARE MANAGEMENT	1398 RIDGEWOOD DRIVE	RICHARDSON SPRINGS	CA	95973	530-343-0727	Glenn
	Humboldt	1					
1201	HUMBOLDT COUNTY HEALTH DEPARTMENT	529 "I" STREET	EUREKA	CA	95501	707-268-2174	Humboldt
	Imperial	2					

CALIFORNIA ENROLLMENT SITES

SITE	SITE NAME	ADDRESS	CITY	ST	ZIP	PHONE	LHJURIS
1301	IMPERIAL COUNTY HEALTH DEPT.	935 BROADWAY	EL CENTRO	CA	92243	760-482-4469	Imperial
1302	CLINICAS DE SALUD	900 MAIN ST.	Brawley	CA	92227	760-344-6471	Imperial
	Inyo	1					
1401	INYO COUNTY HEALTH SERVICES	207 "A" WEST SOUTH STREET	BISHOP	CA	93514	760-873-3914	Inyo
	Kern	1					
1501	KERN COUNTY DEPT OF PUBLIC HEALTH	1800 MT. VERNON AVE. 2ND FLOOR	BAKERSFIELD	CA	93306	661-868-0527	Kern
	Kings	1					
1601	KINGS COUNTY DEPT. OF HEALTH	330 N. CAMPUS	HANFORD	CA	93230	559-584-1401	Kings
	Lake	2					
1701	CO.LAKE DHS PH DIV. NORTHSHORE	922 BEVINS CT.	LAKEPORT	CA	95453	707-263-1090	Lake
1702	CO. LAKE DHS PH DIV SOUTHSHORE	922 BEVINS CT	LAKEPORT	CA	95453	707-994-9433	Lake
	Lassen	1					
1801	LASSEN COUNTY PUBLIC HEALTH	1445 PAUL BUNYAN RD SUITE B	SUSANVILLE	CA	96130	530-251-8183	Lassen
	Los Angeles	52					
1901	HARBOR- UCLA MEDICAL CENTER	1000 WEST CARSON ST	TORRANCE	CA	90509	310-222-2365	Los Angeles
1902	JEFFREY GOODMAN SPECIALTY CARE	1625 NORTH SCHRADER BLVD	LOS ANGELES	CA	90028	323-993-7500	Los Angeles
1903	H. CLAUDE HUDSON CHC	2829 S.GRAND AVE.	LOS ANGELES	CA	90007	213-744-3919	Los Angeles
1904	MARTIN LUTHER KING JR HOSPITAL	12021 SOUTH WILMINGTON AVE	LOS ANGELES	CA	90059	310-668-3802	Los Angeles
1905	LAC & USC MATERNAL CHILD & ADOLESCENT CLINIC	1640 N MARENGO ST RM 200	LOS ANGELES	CA	90033	323-343-8203	Los Angeles
1906	LONG BEACH COMP HEALTH CENTR	1333 CHESTNUT AVE	LONG BEACH	CA	90813	562-599-8723	Los Angeles
1907	OLIVE VIEW MEDICAL CENTER	14445 OLIVE VIEW DRIVE	SYLMAR	CA	91342	818-364-4285	Los Angeles
1908	NORTHEAST VALLEY HEALTH CORP	8215 VAN NUYS BLVD, #306	PANORAMA CITY	CA	91402	818-988-6335	Los Angeles
1909	EAST VALLEY COMMUNTIY HEALTH CENTER	680 FAIRPLEX DRIVE	Pomona	CA	91768	909-620-8088	Los Angeles
1910	ST.MARY MEDICAL CENTER C.A.R.E CLINIC	1043 ELM AVE #300	LONG BEACH	CA	90813	562-624-4944	Los Angeles
1911	KAISER PERMANENTE SUNSET	1505 NORTH EDGEMONT	LOS ANGELES	CA	90027	323-783-4148	Los Angeles
1912	HIGH DESERT HOSPITAL	44900 N.60TH ST. WEST	LANCASTER	CA	93536	661-945-8508	Los Angeles
1913	SHERIFF CENTRAL JAIL HOSPITAL	441 BAUCHET ST. RM #6024	LOS ANGELES	CA	90012	323-526-5579	Los Angeles
1914	AHF HOLLYWOOD CLINIC	1300 N. VERMONT AVE #407	LOS ANGELES	CA	90027	323-662-0492	Los Angeles
1915	ALTAMED-EAST LOS ANGELES-HIV CLINIC	5427 EAST WHITTIER BLVD	LOS ANGELES	CA	90022	323-869-5401	Los Angeles
1918	AIDS HEALTH FOUNDATION WESTSIDE CLINIC	99 NO LA CIENEGA BLVD STE 200	BEVERLY HILLS	CA	90211	310-657-9353	Los Angeles
1919	AIDS HEALTH FOUNDATION DOWNTOWN CLINIC	1414 SOUTH GRAND AVE #400	LOS ANGELES	CA	90015	213-741-9726	Los Angeles
1920	AIDS HEALTH FOUNDATION VALLEY CLINIC	4835 VAN NUYS BLVD., SUITE 200	Sherman Oaks	CA	91403	818-380-2626	Los Angeles
1921	ALTAMED HEALTH SERVICES CORPORATION	9436 EAST SLAWSON AVE	PICO RIVERA	CA	90660	562-949-8717	Los Angeles
1923	MARTIN LUTHER KING JR. HOSPITAL/OASIS CLINIC	12021 SOUTH WILMINGTON AVE	LOS ANGELES	CA	90059	310-668-3176	Los Angeles
1924	DREW UNIVERSITY EARLY INTERVENTION PROGRAM	3209 NORTH ALAMEDA STE."K"	COMPTON	CA	90222	310-761-8442	Los Angeles
1925	CHILDRENS HOSPITAL LOS ANGELES	5000 W SUNSET BLVD 4TH FLOOR	LOS ANGELES	CA	90027	323-669-2390	Los Angeles
1926	CATALYST FOUNDATION	44758 ELM AVE	LANCASTER	CA	93534	661-948-8559	Los Angeles
1927	TARZANA TREATMENT CENTER	18646 OXNARD ST	TARZANA	CA	91356	818-996-1051	Los Angeles
1929	VENICE FAMILY CLINIC	604 ROSE AVE	VENICE	CA	90291	310-664-7725	Los Angeles
1930	KAISER WOODLAND HILLS	5601 DE SOTO AVE	WOODLAND HILLS	CA	91365	818-719-2460	Los Angeles
1931	KAISER WEST LOS ANGELES	MOD 2C - WLA	LOS ANGELES	CA	90034	323-857-2165	Los Angeles
1932	KAISER HARBOR CITY	25975 S NORMANDIE AVE	HARBOR CITY	CA	90710	310-517-2935	Los Angeles
1933	KAISER PANORAMA CITY	13652 CANTERA ST	PANORAMA CITY	CA	91402	818-375-2977	Los Angeles
1934	KAISER BELLFLOWER	12200 BELLFLOWERS	Downey	CA	90242	562-622-4393	Los Angeles
1936	EL PROYECTO DEL BARRIO	8902 WOODMAN AVE 3RD FLOOR	ARLETA	CA	91331	818-830-7033	Los Angeles
1937	VALLEY COMMUNITY CLINIC	6801 COLDWATER CANYON AVE	NORTH HOLLYWOOD	CA	91605	818-763-1718	Los Angeles
1938	WATTS HEALTH CENTER	10300 S COMPTON AVE	Los Angeles	CA	90002	323-568-3013	Los Angeles
1939	TARZANA TREATMENT CENTER	7101 BAIRD AVE #101	Reseda	CA	91335	818-342-5897	Los Angeles

CALIFORNIA ENROLLMENT SITES

SITE	SITE NAME	ADDRESS	CITY	ST	ZIP	PHONE	LHJURIS
1940	COMMON GROUND	2012 LINCOLN BLVD.	SANTA MONICA	CA	90405	310-314-5480	Los Angeles
1941	WEST ANGELES CHURCH HIV/AIDS MINISTRY	3045 CRENSHAW BLVD.	Los Angeles	CA	90016	323-766-1476	Los Angeles
1942	AIDS HEALTHCARE FOUNDATION	9200 COLIMA ROAD, SUITE 106	Whittier	CA	90603	562-693-2654	Los Angeles
1943	T.H.E. CLINIC	3860 MARTIN LUTHER KING BLVD.	Los Angeles	CA	90008	323-295-6571	Los Angeles
1944	ASIAN PACIFIC HEALTHCARE VENTURE	1530 HILLHURST AVE., SUITE 200	Los Angeles	CA	90027	323-644-3880	Los Angeles
1945	HUBERT H. HUMPHREY	5850 SOUTH MAIN ST.	Los Angeles	CA	90003	323-846-4409	Los Angeles
1946	AIDS HEALTHCARE FOUNDATION	44758 ELM AVE.	Lancaster	CA	93534	661-723-3240	Los Angeles
1947	AIDS HEALTHCARE FOUNDATION	2146 WEST ADAMS BLVD.	Los Angeles	CA	90018	323-766-2162	Los Angeles
1948	UCLA CARE CLINIC	B-H 412 CHS	Los Angeles	CA	90095	310-794-9668	Los Angeles
1949	AIDS HEALTHCARE FOUNDATION ADMINISTRATIVE OFF	6255 W. SUNSET BLVD, 21ST FL	Los Angeles	CA	90028	323-860-5222	Los Angeles
1950	OFFICE OF AIDS PROGRAM & POLICY	600 S.COMMONWEALTH AVE 6TH FL	Los Angeles	CA	90005	213-637-8431	Los Angeles
1951	AIDS PROJECT LOS ANGELES	611 S. KINGSLEY DR.	LOS ANGELES	CA	90005	213-201-1454	Los Angeles
1953	UCLA MEDICAL CENTER (MATERNAL CHILD PROGRAM)	10833 LECONTE AVE 22-442 MDCC	LOS ANGELES	CA	90095	310-206-3536	Los Angeles
1955	REDONDO BEACH HEALTHCARE CENTER	520 N PROSPECT AVE SUITE 209	REDONDO BEACH	CA	90277	310-374-5475	Los Angeles
1956	AIDS HEALTHCARE FOUNDATION/ EL MONTE	3131 SANTA ANITA AVE # 109	EL MONTE	CA	91733	626-444-9453	Los Angeles
1957	ALTA MED HEALTH SERVICE CORPORATION	10454 E. VALLEY BLVD	EL MONTE	CA	91731	626-582-1432	Los Angeles
1958	AHF-ANTELOPE VALLEY SATELLITE CLINIC	1669 WEST AVENUE J, SUITE 301	LANCASTER	CA	93534	661-723-3244	Los Angeles
1959	LAC-USC MEDICAL CENTER-RAND SCHRADER 5P-21	1300 N MISSION ROAD	LOS ANGELES	CA	90033	323-343-8203	Los Angeles
	Madera	1					
2001	MADERA COUNTY PUBLIC HEALTH	14215 RD 28	MADERA	CA	93638	559-675-7627	Madera
	Marin	8					
2101	MARIN CO.HIV/AIDS SERVERS	161 MITCHELL BLVD STE 200	SAN RAFAEL	CA	94903	415-499-6827	Marin
2102	SPECIALTY CLINIC	161 MITCHELL BLVD, SUITE 200	SAN RAFAEL	CA	94903	415-499-7377	Marin
2103	MARIN AIDS PROJECT	1660 2ND ST	SAN RAFAEL	CA	94901	415-457-2487	Marin
2105	MARIN COUNTY JAIL	13 PETER BEHR DRIVE	SAN RAFAEL	CA	94903	415-499-6651	Marin
2106	MARIN TREATMENT CENTER	1466 LINCOLN AVE	SAN RAFAEL	CA	94901	415-457-3755	Marin
2107	MARIN GENERAL HOSPITAL	250 BON AIR ROAD	Greenbrae	CA	94904	415-925-7622	Marin
2118	CPS D.B.A. Y & S PHARMACY	13 PETER BEHR DRIVE	San Rafael	CA	94903	215-672-8826	Marin
2121	HIV/AIDS SERVICES	161 MITCHELL BLVD STE 200	SAN RAFAEL	CA	94903	415-499-6827	Marin
	Mendocino	1					
2301	MENDOCINO COUNTY PUBLIC HEALTH	221B SOUTH LENORE AVE	WILLITS	CA	95490	707-456-3806	Mendocino
	Merced	1					
2401	MERCED COUNTY HEALTH DEPT.	260 E.15TH STREET	MERCED	CA	95340	209-381-1050	Merced
	Modoc	1					
2501	MODOC COUNTY HEALTH DEPARTMENT	441 NORTH MAIN STREET	Alturas	CA	96101	530-233-6311	Modoc
	Mono	1					
2601	MONO COUNTY HEALTH DEPARTMENT	P.O. BOX 3329	MAMMOTH LAKES	CA	93546	760-924-5410	Mono
	Monterey	3					
2701	MONTEREY COUNTY AIDS PROJECT	780 HAMILTON	SEASIDE	CA	93955	831-394-4747	Monterey
2702	MONTEREY COUNTY AIDS PROJECT	1441 CONSTITUTION BL 760	SALINAS	CA	93906	831-796-1770	Monterey
2703	JOHN XXIII AIDS MINISTRY	1121 BALDWIN STREET	SALINAS	CA	93906	831-442-3959	Monterey
	Napa	1					
2801	NAPA COUNTY H & H SERVICES	2261 ELM ST	NAPA	CA	94559	707-253-4161	Napa
	Nevada	1					
2901	NEVADA COUNTY HEALTH DEPARTMENT	10433 WILLOW VALLEY ROAD STE B	NEVADA CITY	CA	95959	530-265-1731	Nevada
	Orange	2					
3001	ORANGE COUNTY HEALTH CARE CLINIC RM 103 F	1725 WEST 17TH STREET	SANTA ANA	CA	92706	714-834-8175	Orange
3018	ORANGE COUNTY JAIL	550 NORTH FLOWER ST	SANTA ANA	CA	92703	714-647-4183	Orange

CALIFORNIA ENROLLMENT SITES

SITE	SITE NAME	ADDRESS	CITY	ST	ZIP	PHONE	LHJURIS
	Placer	2					
3101	SIERRA FOOTHILLS AIDS FNDN	12183 LOCKSLEY LANE, SUITE 205	AUBURN	CA	95602	530-889-2437	Placer
3102	PLACER COUNTY HHS	11484 "B" AVENUE	AUBURN	CA	95603	530-889-7144	Placer
	Plumas	1					
3201	PLUMAS COUNTY PUBLIC HEALTH AGENCY	P.O. BOX 3140	QUINCY	CA	95971	530-283-6584	Plumas
	Riverside	3					
3301	COUNTY REGIONAL MEDICAL CENTER (RCRMC)	PO BOX 9610	MORENO VALLEY	CA	92552	951-486-4600	Riverside
3302	DESERT AIDS PROJECT	1695 NORTH SUNRISE WAY	PALM SPRINGS	CA	92262	760-323-2118	Riverside
3318	ROBERT PRESLEY DETENTION CENTER	4000 ORANGE STREET FLOOR 7	RIVERSIDE	CA	92501	909-275-4476	Riverside
	Sacramento	3					
3401	SACRAMENTO COUNTY	4600 BROADWAY SUITE 2600	SACRAMENTO	CA	95820	916-874-9583	Sacramento
3402	KAISER PERMANENTE	6600 BRUCEVILLE RD.	Sacramento	CA	95823	916-688-2389	Sacramento
3403	KAISER	2025 MORSE AVE	Sacramento	CA	95825	916-973-6904	Sacramento
	San Benito	1					
3501	HEALTH & HUMAN SERVICES AGENCY	1111 SAN FELIPE ROAD, SUITE 10	HOLLISTER	CA	95023	831-634-0686	San Benito
	San Bernardino	3					
3601	SAN BERNARDINO COUNTY CLINIC	799 E. RIALTO AVENUE	SAN BERNARDINO	CA	92415	909-383-3060	San Bernardino
3604	WEST VALLEY DETENTION CTR.	9500 ETIWANDA AVENUE	RANCHO CUCMONGA	CA	91739	909-463-5085	San Bernardino
3605	AHF UPLAND CLINIC	8263 GROVE AVENUE, SUITE 201	Rancho Cucamonga	CA	91730	909-579-0708	San Bernardino
	San Diego	19					
3701	COUNTY OF SAN DIEGO	3043 FOURTH AVE	SAN DIEGO	CA	92103	619-296-3400	San Diego
3702	UCSD DISCHARGE PHARMACY/OUT PATIENT	200 WEST ARBOR DR DEPT 8765	SAN DIEGO	CA	92103	619-543-7860	San Diego
3703	SAN YSIDRO HEALTH CENTER/CASA	3045 BEYER BLVD	SAN DIEGO	CA	92154	619-662-4161	San Diego
3706	NORTH PARK FAMILY HEALTH CENTER	3544 30TH STREET	SAN DIEGO	CA	92104	619-515-2581	San Diego
3707	NORTH COUNTY HEALTH SERVICES/ SAN MARCOS	150 VALPREDA RD, STE.211	SAN MARCOS	CA	92069	800-347-7604	San Diego
3708	NEIGHBORHOOD HEALTHCARE	641 E. PENNSYLVANIA AVE STE 10	ESCONDIDO	CA	92025	760-737-7896	San Diego
3710	AMERICAN INDIAN HEALTH CENTER (DOWN TOWN)	2630 FIRST AVE.	San Diego	CA	92103	619-234-2158	San Diego
3711	BEING ALIVE PEER ADVOCACY	4070 CENTRE STREET	SAN DIEGO	CA	92103	619-291-1400	San Diego
3712	VISTA COMMUNITY CLINIC/ TRI-CITY BRANCH	161 THUNDER DR #212	VISTA	CA	92083	760-631-5030	San Diego
3713	COMPREHENSIVE HEALTH CENTER (DOWN TOWN)	1855 1ST AVE, SUITE 300 A	SAN DIEGO	CA	92101	619-235-4211	San Diego
3715	COMMUNITY CONNECTION RESOURCE CENTER	4080 CENTRE STREET STE 104	SAN DIEGO	CA	92103	619-294-3900	San Diego
3716	KAISER PERMANENTE/ CONTINUING CARE SERVICE	4647 ZION AVE ROOM 2002	SAN DIEGO	CA	92120	619-528-2564	San Diego
3718	SAN DIEGO COUNTY SHERRIFF	8525 GIBBS STREET STE 303	SAN DIEGO	CA	92123	858-974-5826	San Diego
3719	UCSD TREATMENT CENTER (CLINICAL TRIALS)	150 W.WASHINGTON STREET	SAN DIEGO	CA	92103	619-543-8080	San Diego
3722	CHRISTIES PLACE	2440 THIRD AVENUE	SAN DIEGO	CA	92101	619-702-4186	San Diego
3723	NEIGHBORHOOD HOUSE ASSOCIATION/ CBS MANAGEME	286 EUCLID AVE STE 110	San Diego	CA	92114	619-266-9400	San Diego
3725	NORTH CO HEALTH SERVICES/ ENCINITAS	629 SECOND AVENUE	ENCINITAS	CA	92024	800-347-7604	San Diego
3729	UCSD OWEN CLINIC	4168 FRONT ST. , 3RD FLOOR	San Diego	CA	92103	619-543-3700	San Diego
3735	COMPREHENSIVE HEALTH CENTER COORDINATED SVCS	286 EUCLID AVE. SUITE 308	SAN DIEGO	CA	92114	619-527-7390	San Diego
	San Francisco	30					
3801	HEALTH CENTER #1 CASTRO MISSION HEALTH CENTER	3850 - 17TH STREET	SAN FRANCISCO	CA	94114	415-487-7524	San Francisco
3802	HEALTH CENTER #2 MAXINE HALL	1301 PIERCE STREET	SAN FRANCISCO	CA	94115	415-292-1355	San Francisco
3803	HEALTH CENTER #3 SILVER AVENUE	1525 SILVER AVENUE	SAN FRANCISCO	CA	94134	415-715-0315	San Francisco
3804	HEALTH CENTER #4 CHINA TOWN	1490 MASON STREET	SAN FRANCISCO	CA	94133	415-705-8508	San Francisco
3805	HEALTH CENTER #5 OCEAN PARK	1351 - 24TH AVENUE	SAN FRANCISCO	CA	94122	415-682-1904	San Francisco
3806	TOM WADDELL CLINIC	50 IVY STREET	SAN FRANCISCO	CA	94102	415-355-7515	San Francisco
3807	POTRERO HILL HEALTH CENTER	1050 WISCONSIN STREET	SAN FRANCISCO	CA	94107	415-648-3022	San Francisco
3808	SOUTHEAST HEALTH CENTER	2401 KEITH STREET	SAN FRANCISCO	CA	94124	415-671-7000	San Francisco

SITE	SITE NAME	ADDRESS	CITY	ST	ZIP	PHONE	LHJURIS
3810	CITY CLINIC HEALTH CENTER	356 7TH STREET	SAN FRANCISCO	CA	94103	415-487-5526	San Francisco
3811	KAISER HOSPITAL	2425 GEARY BLVD	San Francisco	CA	94115	415-833-3475	San Francisco
3812	UCSF/ STANFORD HEALTHCARE	400 PARNASSUS, ACC BLDG	SAN FRANCISCO	CA	94143	415-353-2417	San Francisco
3813	ST MARYS HOSPITAL HIV SERV	2235 HAYES ST 5TH FLOOR	SAN FRANCISCO	CA	94117	415-750-4852	San Francisco
3814	MISSION NEIGHBORHOOD HEALTH	240 SHOTWELL STREET	SAN FRANCISCO	CA	94110	415-552-1013	San Francisco
3816	SAN FRANCISCO AIDS FOUNDATION	995 MARKET ST. #200	SAN FRANCISCO	CA	94103	415-487-8006	San Francisco
3817	HAIGHT ASHBURY FREE CLINIC	558 CLAYTON ST	SAN FRANCISCO	CA	94117	415-487-5638	San Francisco
3819	LYON MARTIN WOMENS HEALTH SERVICES	1748 MARKET STREET SUITE 201	SAN FRANCISCO	CA	94102	415-565-7672	San Francisco
3822	CA PACIFIC MEDICAL CENTER	CASTRO & DUBOCE	SAN FRANCISCO	CA	94114	415-600-5045	San Francisco
3824	TENDERLOIN AIDS RESOURCE CENTE	187 GOLDEN	SAN FRANCISCO	CA	94102	415-241-2525	San Francisco
3825	FORENSIC AIDS PROJECT	798 BRANNAN	San Francisco	CA	94103	415-863-8237	San Francisco
3825	SAN FRANCISCO COUTNY JAIL SERVICES	798 BRANNAN	San Francisco	CA	94103	415-719-7879	San Francisco
3827	CONTINUUM & SPRINGBOARD	255 GOLDEN GATE AVENUE	SAN FRANCISCO	CA	94102	415-437-2900	San Francisco
3828	SAN FRANCISCO CITY AND COUNTY JAIL	425 7TH STREET	San Francisco	CA	94103	415-522-8235	San Francisco
3829	HEALTH AT HOME	45 ONONDAGA	San Francisco	CA	94112	415-452-2115	San Francisco
3830	URBIN INDIAN HEALTH CENTER	160 CAP ST	San Francisco	CA	94110	415-621-8051	San Francisco
3831	ASIAN & PACIFIC ISLANDER	730 POLK STREET 4TH FLOOR	San Francisco	CA	94109	415-292-3400	San Francisco
3833	SAINT FRANCIS MEMORIAL HOSPITAL	900 HYDE ST.	SAN FRANCISCO	CA	94109	415-353-6215	San Francisco
3834	ERVIN MAGIC JOHNSON HIV CLINIC	1025 HOWARD ST.	SAN FRANCISCO	CA	94103	415-552-2814	San Francisco
3836	CPMC PACIFIC CAMPUS	2333 BUCHANAN	SAN FRANCISCO	CA	94120	415-807-6069	San Francisco
3886	S.F.G.H. WARD 86	995 POTRERO AVE, BLDG80 WARD86	SAN FRANCISCO	CA	94110	415-206-3154	San Francisco
3899	DEPARTMENT OF PUBLIC HEALTH	25 VAN NESS, SUITE 500	SAN FRANCISCO	CA	94102	415-554-9168	San Francisco
	San Joaquin	4					
3901	SAN JOAQUIN PUBLIC HEALTH SERVICES	1601 E. HAZELTON AVENUE	STOCKTON	CA	95205	209-468-3820	San Joaquin
3902	SAN JOAQUIN CTY CORRECTIONAL	7000 MICHAEL N. CANLIS BLVD	FRENCH CAMP	CA	95231	209-468-4486	San Joaquin
3903	CHANNEL MEDICAL CENTER	701 E. CHANNEL STREET	Stockton	CA	95202	209-944-4740	San Joaquin
3904	SAN JOAQUIN AIDS FOUNDATION	4330 NORTH PERSHING	Stockton	CA	95207	209-476-8533	San Joaquin
	San Luis Obispo	1					
4001	AIDS SUPPORT NETWORK	P.O. BOX 12158	SAN LUIS OBISPO	CA	93406	805-781-3660	San Luis Obisp
	San Mateo	4					
4101	SAN MATEO COUNTY AIDS PROGRAM	222 WEST 39TH AVE	SAN MATEO	CA	94403	650-573-2385	San Mateo
4102	WILLOW CLINIC	795 WILLOW ROAD BLDG 334	MENLO PARK	CA	94025	650-599-3899	San Mateo
4103	SMC NORTH COUNTY HEALTH CENTER	375 89TH STREET	DALY CITY	CA	94015	650-301-8631	San Mateo
4104	SAN MATEO COUNTY JAIL	300 BRADFORD STREET	REDWOOD CITY	CA	94063	650-599-7340	San Mateo
	Santa Barbara	4					
4201	SANTA BARBARA COUNTY CLINIC	345 CAMINO DEL REMEDIO	SANTA BARBARA	CA	93110	805-681-4758	Santa Barbara
4202	SANTA BARBARA COUNTY PUBLIC HEALTH DEPT.	301 NORTH "R" STREET	Lompoc	CA	93436	805-737-6400	Santa Barbara
4206	COUNTY CLINIC SANTA MARIA	2115 S. CENTERPOINT PARKWAY	SANTA MARIA	CA	93455	805-346-8240	Santa Barbara
4218	CAPSTONE PHARMACY JAIL SERVICE	INSTITUTIONAL PHARMACY SERVICE	SANTA BARBARA CTY	CA	93110	925-551-6748	Santa Barbara
	Santa Clara	7					
4301	PUBLIC HEALTH PHARMACY	976 LENZEN AVE.	SAN JOSE	CA	95126	408-792-5174	Santa Clara
4302	POSITIVE PACE CLINIC	2400 MOORPARK AVE STE 316B	SAN JOSE	CA	95128	408-885-7574	Santa Clara
4303	HEALTH CONNECTIONS AIDS SERVICES	1701-A S BASCOM AVE	Campbell	CA	95008	408-961-9850	Santa Clara
4304	KAISER - HARC DEPT	1333 LAWRENCE EXWY BLD200 #209	SANTA CLARA	CA	95051	408-236-5491	Santa Clara
4305	TB CLINIC	976 LENZEN AVE	SAN JOSE	CA	95126	408-792-5586	Santa Clara
4306	MAIN JAIL PHARMACY	150 WEST HEDDING ST	SAN JOSE	CA	95110	408-293-2960	Santa Clara
4307	ELMWOOD PHARMACY JAIL SITE	701 S. ABEL	MILPITAS	CA	95035	408-946-7854	Santa Clara
	Santa Cruz	2					

CALIFORNIA ENROLLMENT SITES

SITE	SITE NAME	ADDRESS	CITY	ST	ZIP	PHONE	LHJURIS
4401	HEALTH SERVICES AGENCY	1080 EMELINE AVE.	SANTA CRUZ	CA	95065	831-454-4070	Santa Cruz
4402	HEALTH SERVICES AGENCY	9 CRESTVIEW DR.	WATSONVILLE	CA	95076	831-454-4070	Santa Cruz
	Shasta	4					
4501	NORTHERN VALLEY CATHOLIC SOCIAL SERVICE	2750 EUREKA	REDDING	CA	96001	530-339-3535	Shasta
4502	SHASTA COUNTY JAIL	1655 WEST ST.	REDDING	CA	96001	530-245-6127	Shasta
4504	BUTTE COUNTY PUBLIC HEALTH DEPARTMENT	202 MIRA LOMA DRIVE	OROVILLE	CA	95965	530-538-6220	Shasta
4505	HOME HEALTH CARE MANAGEMENT, INC	1620 CYPRESS AVE, SUITE 1	REDDING	CA	96002	530-226-0120	Shasta
	Sierra	1					
4601	SIERRA COUNTY HEALTH DEPARTMENT	P.O.BOX 7	LOYALTON	CA	96118	530-993-6700	Sierra
	Siskiyou	1					
4702	SISKIYOU COUNTY HIV/AIDS FOUNDATION	PO BOX 407	Mount Shasta	CA	96067	530-918-9007	Siskiyou
	Solano	6					
4801	SOLANO COUNTY HEALTH SERVICES	355 TUOLUMNE STREET	VALLEJO	CA	94590	707-553-5117	Solano
4802	KAISER HOSPITAL	975 SERENO DRIVE	VALLEJO	CA	94589	707-651-2330	Solano
4803	COMMUNITY MEDICAL CENTERS	131 WEST "A" STREET	DIXON	CA	95620	707-693-6636	Solano
4806	NAPA VALLEY AIDS PROJECT	3467 SONOMA #10	VALLEJO	CA	94590	707-642-2039	Solano
4807	SOLANO COUNTY SHERIFF OFFICE	530 UNION AVE.	FAIRFIELD	CA	94533	707-421-7154	Solano
4808	SOLANO COUNTY HEALTH & SOCIAL SERVICES	2101 COURAGE DR	FAIRFIELD	CA	94533	707-435-2062	Solano
	Sonoma	3					
4901	CENTER FOR HIV PREVENTION/CARE	499 HUMBOLDT ST	SANTA ROSA	CA	95404	707-565-7402	Sonoma
4902	KAISER PERMANETE MEDICAL CENTER	401 BICENTENNIAL WAY	SANTA ROSA	CA	95403	707-571-4000	Sonoma
4903	RUSSIAN RIVER HEALTH CENTER	3RD AND CHURCH	GUERNEVILLE	CA	95446	707-869-2849	Sonoma
	Stanislaus	1					
5001	STANISLAUS PUBLIC HEALTH DEPT	820 SCENIC DRIVE	MODESTO	CA	95350	209-558-4800	Stanislaus
	Sutter	2					
5101	BUTTE COUNTY PUBLIC HEALTH DEPARTMENT	202 MIRA LOMA DRIVE	OROVILLE	CA	95965	530-538-6220	Sutter
5102	HOME HEALTH CARE MANAGEMENT,INC	1018 LIVE OAK BLVD, STE C	YUBA CITY	CA	95991	530-673-4657	Sutter
	Tehama	3					
5201	TEHAMA COUNTY HEALTH AGENCY PUBLIC HEALTH DIV	1860 WALNUT STREET	Red Bluff	CA	96080	530-527-6824	Tehama
5202	BUTTE COUNTY PUBLIC HEALTH DEPARTMENT	202 MIRA LOMA DRIVE	OROVILLE	CA	95965	530-538-6220	Tehama
5203	HOME HEALTH CARE MANAGEMENT,INC	1620 CYPRESS AVE,SUITE 1	REDDING	CA	96002	530-226-0120	Tehama
	Trinity	2					
5301	TRINITY CITY HEALTH & HUMAN SERVICES	P.O. BOX 1470	WEAVERVILLE	CA	96093	530-623-8209	Trinity
5302	HOME HEALTH CARE MANAGEMENT,INC	1620 CYPRESS AVE, SUITE 1	REDDING	CA	96002	530-226-0120	Trinity
	Tulare	1					
5401	HILLMAN HEALTH CENTER	115 EAST TULARE AVE.	Tulare	CA	93274	559-685-2535	Tulare
	Tuolomne	1					
5501	TUOLUMNE COUNTY	PO BOX 159	ANGELS CAMP	CA	95222	209-736-6792	Tuolomne
	Ventura	2					
5601	SIMI PUBLIC HEALTH	660 E LOS ANGELES AVE, STE B2	SIMI VALLEY	CA	93065	805-578-1109	Ventura
5605	VENTURA COUNTY PUBLIC HEALTH	3147 LOMA VISTA RD	VENTURA	CA	93003	805-652-6583	Ventura
	Yolo	2					
5702	COMMUNICARE HEALTH CENTER	950 SACRAMENTO AVE	WEST SACRAMENTO	CA	95605	916-371-1966	Yolo
5703	COMMON CARE HEALTH CENTERS	804 COURT ST	WOODLAND	CA	95695	530-668-2400	Yolo
	Yuba	3					
5801	THE SALVATION ARMY	401 DEL NORTE	Yuba City	CA	95991	530-671-7283	Yuba
5802	BUTTE COUNTY PUBLIC HEALTH DEPARTMENT	202 MIRA LOMA DRIVE	OROVILLE	CA	95965	530-538-6220	Yuba
5803	HOME HEALTH CARE MANAGEMMENT, INC	1018 LIVE OAK BLVD,SUITE C	YUBA CITY	CA	95991	530-673-4657	Yuba

CALIFORNIA ENROLLMENT SITES

SITE	SITE NAME	ADDRESS	CITY	ST	ZIP	PHONE	LHJURIS
	Long Beach	1					
5901	CITY OF LONG BEACH	2525 GRAND AVE.# 106	LONG BEACH	CA	90815	562-570-4316	Long Beach
	Pasadena	1					
6001	ANDREW ESCAJEDA CLINIC	1845 NORTH FAIR OAKS AVE G-151	PASADENA	CA	91103	626-744-6098	Pasadena
	Berkeley	3					
6101	CITY OF BERKELEY PH NURSING	2344 6TH STREET	BERKELEY	CA	94710	510-981-5300	Berkeley
6102	EAST BAY AIDS CENTER	2850 TELEGRAPH AVE, STE 110	BERKELEY	CA	94705	510-204-4143	Berkeley
6104	BERKELEY PRIMARY ACCESS CLINIC	2001 DWIGHT WAY	BERKELEY	CA	94703	510-204-6514	Berkeley
	Office of AIDS	1					
6201	CALIFORNIA STATE OFFICE OF AIDS	MS 7700	SACRAMENTO	CA	94234	916-327-3178	Office of AIDS
	PMDC	1					
9901	RAMSELL CORPORATION	200 WEBSTER STREET STE 300	OAKLAND	CA	94607	888-311-7632	PMDC

California Department of Health Services
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